



This form is to be used for requesting a staff equity adjustment. Submit completed form to Human Resources.

Employee's Name:	Empl ID:	Date Appointed to position:
Job Classification Title:	Position #:	Dept:
Current Salary:	Job Code:	Requested Equity Adjustment:

General Guidelines for Equity Adjustments:

1. Equity adjustments provide a mechanism for maintaining salary relationships between and among employees and employees who hold similar positions in relevant labor markets. For example:

- a. An internal equity adjustment may be appropriate when salary inconsistencies are found due to differences in the compensation paid to staff members in the same classification with equal years of service within the classification which cannot be explained by differences in education, training, and/or job performance.
- b. An external or market equity adjustment may be appropriate in order to move a staff member toward the midpoint of the associated pay range (market) to better align with similar positions in the relevant labor market.

2. The employee must have worked in the current position for at least six (6) months (this does not include non-vacancy driven progression as defined by Staff Salary Administration Procedures) while maintaining a satisfactory level of job performance and may only receive one equity adjustment in a 12 month period.

3. The amount of any equity adjustment must be funded by the department and is dependent on the availability of department funds.

4. Equity increases will take affect the first day of the month following the date the HRM 6 is signed by the responsible Vice President.

Justification: Describe the inequity and provide the rationale for the requested equity adjustment (consider the effect it will have on the individual and on other department employees).



Salary Equity Considerations: Management has the responsibility of assuring that equitable salary relationships are maintained as follows:

Appropriate salary relationships should be maintained for staff within the same classification or related classifications, taking into consideration distinguishing factors such as performance, skills, and experience. Special care should be exercised to ensure that salary differences are neutral with regard to race, gender, age, national origin, disability, FMLA status, and other categories protected by state and federal law.

Manager Name:	Signature:	Date:
Department Head Name:	Signature:	Date:

HR Compensation Review Findings (HR Use Only):

<input type="checkbox"/> Equity Amount Requested Complies with Findings	<input type="checkbox"/> HR Recommendation Different than Requested
Amount Justified by Review \$	HR Representative:
Date Review Completed:	Signature:
Comments:	

Upon completion of the salary review, Human Resources will forward the findings to the requesting manager with a copy to the appropriate Vice President. If approved by appropriate Vice President, please complete and submit a HRM 6 to Human Resources along with this completed form signed by appropriate the Vice President.

Vice President Approval – If applicable, I have discussed any discrepancies between the department’s request and HR ‘s recommendations with Human Resources:

Vice President	<input type="checkbox"/> Approved Amount \$	<input type="checkbox"/> Not Approved
Vice President Name:	Signature:	Date:

President Approval – Required only when Vice President is the requestor of the adjustment. If applicable, I have discussed any discrepancies between the Vice President's request and HR ‘s recommendations with Human Resources:

President	<input type="checkbox"/> Approved Amount \$	<input type="checkbox"/> Not Approved
President Name:	Signature:	Date: