

Pay Plan Policy 2016
REQUEST for APPROVAL
For use with Section III. D.
DISCRETIONARY PAY DIFFERENTIAL

Date Stamp

AGENCY INFORMATION

Department

Division/Bureau

Unit/Section

TYPE OF ADJUSTMENT RECOMMENDED

☐ Additional duties/responsibilities

☐ Retention Incentive

☐ Internal Equity

☐ Professional Skills/Competency Development

☐ Temporary

☐ Permanent

☐ Competitive Salary Offer

☐ Recruitment Incentive (Lump Sum Payment)

☐ Project Based Incentive

PROBLEM ADDRESSED - Describe: (1) the nature of the problem; (2) the impact on organizational effectiveness; and, (3) how the proposed adjustment or incentive will resolve the problem. (Please attach additional pages, if necessary.)

DOCUMENTATION - List/provide the documentation to be considered in the evaluation of the salary adjustment. Refer to each relevant section of the policy, the guideline, and worksheet. (Please attach additional pages, if necessary.)

EMPLOYEE INFORMATION - Complete for each employee proposed for the salary adjustment - one employee per form.

Name (Last, First, MI)

Last 4 SSN

Title

Tenure(Classified Service)

Tenure (Current Title)

Current Annual Salary

Adjustment (% or \$ amount)

DEPARTMENT/ AGENCY APPROVALS

Human Resources Manager/Designee Signature

Date

Department/Agency Head Signature

I certify that funds are available to implement the requested adjustment (s).

Date

Cabinet Secretary Signature

Date

DIRECTOR OF PERSONNEL ACTION

APPROVED ☐

DISAPPROVED ☐

MODIFIED ☐

Reason (if disapproved or modified)

Director of Personnel Signature

Date

GOVERNOR'S OFFICE ACTION

APPROVED ☐

DISAPPROVED ☐

MODIFIED ☐

Governor's Office Signature

Date