

Idaho State University SALARY ADJUSTMENT REQUEST

The purpose of this form is to be used for salary adjustment request within an employee's current position addressing the areas of meritorious service, internal or external market equity, job growth, and retention. Please take the time to complete the questionnaire as completely and accurately as possible. Thoroughness in providing the information is essential in assuring the proper salary is established. Consider the normal day-to-day responsibilities and base your responses on duties and responsibilities that are usually part of the job under typical conditions, not special projects or temporary assignments. The salary should be based on the position as it actually is today, not as it might be in the future or as you think it should be. If this position is grant funded, the availability of funding should be verified with Sponsored Programs prior to submission.

EMPLOYEE INFORMATION	
Employee Name	Department/College
Job Title	PCN#
Current Pay Rate	Proposed Pay Rate
Provide the account from which the increase will be funded	
List the type and amount of salary adjustments the employee has received within the last two years	
I confirm this information is accurate and in the best interest of the department/college.	
Supervisor name	Signature:
Telephone #	

APPROVALS FOR REVIEW	
Chair, Director, Department Head	Date
Dean or other departmental reviewers, as appropriate	Date
Sponsored Projects, if grant funded	Date
Upon completion, please forward to Human Resources, Box 8107. Vice-President or President approval is required prior to implementation.	

POSITION INFORMATION

1. Purpose

Indicate the primary and secondary reason for this request as applicable:

Reason	Primary Concern	Secondary Concern
Employee Performance		
Internal Equity		
External Market		
Job Growth		
Other, indicate below		

Other, explanation:

2. Explain how the proposed salary adjustment will address your concerns.

3. Attach working job description based on the primary responsibilities and duties, indicate the primary purpose of the position and any new or added responsibilities. Indicate the annual percentage of time spent performing these duties.

4. Attach a current organizational chart and any other relevant documentation which may assist with the review.

SIGNATURE APPROVALS FOR IMPLEMENTATION	
Human Resources	Date
Vice President or President, as appropriate	Date