

Idaho State UNIVERSITY

Salary Adjustment Request

The purpose of this form is to be used for salary adjustment proposals within an employee's current position/classification addressing the areas of meritorious service, internal or external market equity, job growth, and/or 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. If the proposal is supported by the respective management team, the HR Office will review internal equity and external market factors while also reviewing applicable ISU and State Policy. The ISU Employee Compensation Policy, ISUPP 3150 is available for review at <http://www2.isu.edu/policy/3000/index.shtml>. All proposals are contingent upon the availability of funds. This form is to be used to review salary adjustment proposals only. Requests to modify the classification of a position should be done using the Position Description Questionnaire. If this position is grant funded, the availability of funding should be verified with Sponsored Programs prior to submission.

- Position Type: Classified Faculty Non-Tenure Track Faculty Tenure Track Non-classified
- Adjustment Type: Ongoing Base Adjustment Temp Adjustment Ending: _____
- Incumbent Name: _____

COMPLETE ALL APPLICABLE AREAS FOR PROPOSED SALARY CHANGE	CURRENT APPOINTMENT			PROPOSED APPOINTMENT			
Department							
Title							
Action Date, Position Number and FTE (annualized % time worked)	Potential End Date	PCN	FTE	Proposed Effective Date	PCN	FTE	
Appointment Months per Year	<input type="checkbox"/> 12 month	<input type="checkbox"/> 9 month	<input type="checkbox"/> Other mo. ____ wks ____	<input type="checkbox"/> 12 month	<input type="checkbox"/> 9 month	<input type="checkbox"/> Other mo. ____ wks ____	
Salary Information	Annual Base	Bi-weekly	Hourly Rate	Annual Base	Bi-weekly	Hourly rate	
Budget to be charged	Index Number(s)	Amount	Percent	Index Number(s)	Amount	Percent	PI initial

Identify Source(s) of Additional Funding Needed (if applicable) For Account Director/UBO Review/Completion

Index	Reg Sal Amt	Reg Sal PCN	Irreg Sal	Fringe	Insurance	Travel	Operating	Total

Provide details of how the identified source(s) of temporary/ongoing funding will be realized if applicable. Provide revenue and/or expense analysis/projections to show fiscal sustainability. Attach additional sheets if necessary.

POSITION INFORMATION

1. Purpose: Indicate the primary and secondary reason(s) for this request as applicable:

Reason	Primary Concern	Secondary Concern
Employee Performance	<input type="checkbox"/>	<input type="checkbox"/>
Internal Equity	<input type="checkbox"/>	<input type="checkbox"/>
External Market	<input type="checkbox"/>	<input type="checkbox"/>
Additional Duties	<input type="checkbox"/>	<input type="checkbox"/>
Retention	<input type="checkbox"/>	<input type="checkbox"/>
Other, indicate below	<input type="checkbox"/>	<input type="checkbox"/>

Other, explanation: _____

2. Justification for Proposed Salary Increase. Justification must include why salary adjustment is being requested outside of the annual merit increase process. Why is it in the best business interest of the unit to consider this salary adjustment at this time? Attach additional sheets if necessary.

3. Attach documentation to support justification for proposed salary adjustment such as, but not limited to: 1) revised job description if additional duties have been assigned, 2) internal salaries of similar departmental positions for internal equity concerns, 3) relevant external market data if the adjustment pertains to market concerns, or 4) offer letter from competing organization if adjustment is due to a competitive salary offer.

4. Anticipated outcome if salary adjustment is not approved: What is the anticipated outcome to the department if the proposal is not approved? Describe what alternate scenarios or actions have been considered in the event this proposal is not approved at this time. Attach additional sheets if necessary.

SIGNATURE APPROVALS REQUESTING HR REVIEW

I confirm this document has been completed accurately and a potential salary adjustment is in the best business interest of the department/college, pending HR review of applicable policy and the availability of funds.

Supervisor Name:	Signature:
Chair or Department Head Name:	Signature:
University Business Officer Name:	Signature:
Dean/AVP/Director Name:	Signature:
Vice President/Senior Executive Name:	Signature:

Upon completion, please forward to Human Resources, Mail Stop 8107 or hr@isu.edu

HR APPROVALS FOR IMPLEMENTATION – FOR HR/BUDGET USE ONLY

Position Classification/Title:	HR - Attach Compensation Analysis
Effective Date of Adjustment:	FLSA Designation:
Approved Rate of Pay/Salary:	Approved Pay Grade:
Budget Confirmed Signature:	Date:
HR Approval Signature:	Date: