**RULES – In-Grade Adjustments**

**APPROVAL CHECKLIST**

**(State Personnel Rules – Chapter 8)**

**Agency:** Click here to enter text.

**Employee Name:** Click here to enter text.

**Classification and Class Code:** Click here to enter text.

**Position Number**: Click here to enter text.

**Primary job duties of incumbent/essential purpose of position:**Click here to enter text.

**Status of Adjustment:***Indicate whether adjustment is permanent or temporary. If temporary, indicate dates/expected length of adjustment.*

Click here to enter text.

**Justification for Adjustment:***Select from criteria below and provide justification in the text box.*

1. **Unique responsibilities which distinguish the position from others in the same Classification** *(specific description of unique or higher level duties assigned)*
2. **Increased workload that is considerable**
	* Specifically describe the critical, core duties that have been added
	* Indicate whether there are additional duties outside the scope of the current class
		+ Which position normally/previously performed the listed duties *(indicate position number and class title/class code)*
	* Reason for the re-assignment of work (V*acancy, reorganization, position closed, etc.*)
	* Indicate whether or not this reassignment results in a cost savings
3. **Supervisory Duties / State Personnel Approved Supervisory Exclusion – Position verified to supervise at least (3) FTE State positions (not contractors)** *(Provide the positions numbers and class title/class code this position will supervise)*
4. **Retention**
	* Indicate whether or not there is a documented job offer
	* Indicate why agency wishes to retain this employee *(Criticality of position and/or incumbent)*

Click here to enter text.

**Current Salary:** Click here to enter text.

**Requested Salary:** Click here to enter text.

**Percentage Increase:** Click here to enter text.

**Impact:**List all employees within the agency occupying the same classification *(see example below and create spreadsheet to capture ­ALL employees in the same class).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Continuous Service Date** | **Time in Job Profile** | **Job-Related Credentials** | **Total Base Pay** | **Position Number** |
| John | Doe | 11/02/1998 | 6.63 | LPN | $32.36 | 02500000 |
| Jane | Doe | 10-05-1998 | 18.54 | MD | $35.403 | 02500001 |

Click here to enter text.

**Will this adjustment create internal inequities?***If yes, provide agency plan to address inequities. If no, provide explanation of why there is no inequity.*

Click here to enter text.

**Fiscal Impact:**
How will the increased salary be funded? Specifically, what budget program(s) and fund type(s) are impacted? The information should include the fiscal impact amount (for each affected program and fund type) for the current fiscal year as well as the fiscal impact in subsequent fiscal years when fully-annualized.

Click here to enter text.

**Reviewed by State Budget Analyst:** [ ]

**Reviewed by Agency Director or delegated designee:** [ ]

**Reviewed by Agency Budget Analyst:** [ ]

***\*\*IMPORTANT\*\****

***Appropriate approvals and acknowledgement from State Personnel must be requested and obtained prior to notification of employee!***