**RULES – Compensation**

**APPROVAL CHECKLIST**

**(State Personnel Rules – Chapter 7)**

**Section One (Sections one and two must be completed with each request)**

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

**Candidate/Teammate Name:** Click here to enter text.

**Is this a current teammate?** YESNO

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

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

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

Click or tap here to enter text.

**Minimum Permanent Rate/Current Salary:** Click here to enter text.

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

**Percentage Increase:** Click or tap 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.

**Primary job duties of the position:** Click here to enter text.

**Section Two**

**EQUITY CONSIDERATION AND APPROVALS:**

* Will this adjustment allow the teammate to surpass others in the same classification?
* If yes, are there any justifiable equity considerations to be addressed? Why or why not?
* Please refer to the Rules Equity Considerations Guidance document to determine any equity adjustments that may be warranted.

Click or tap 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.

**SIGNATURE OR INTIAL:**

**Reviewed by Agency Budget Analyst:** Click or tap here to enter text.

**Reviewed by Agency Director or delegated designee:**Click or tap here to enter text.

**Reviewed by State Budget Analyst:** Click or tap here to enter text.

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

***Appropriate approvals and acknowledgements must be requested and received prior to notification of candidate!***

**Indicate which type of request (check one):**

* Advanced Hiring Rate (Complete Section Three)
* In-grade Salary Adjustment. (Complete Section Four)

**Section Three**

**ADVANACED HIRING RATE REQUESTED:**

**Must provide the recruitment efforts of the position for the past twelve months.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Requestion Number | Date Posted | List of publications / websites utilized | # of applicants received | # of applicants minimally qualified | # of applicants interviewed | Result of posting |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Justification for Adjustment:**

*(Must indicate which justification is being used for this request. Provide sufficient information as it relates to the justification selected.)*

1. **Recruitment Difficulties:** 
   * Explain how the information above has hindered your recruitment efforts for the position.
2. **Superior Qualifications:** 
   * Explain how the candidate greatly exceeds the minimum and/or preferred qualifications for the position. (skills, experience, training above and beyond minimum qualifications, etc.)
3. **Promotional Advanced hiring rate**: This option is only available when the teammate is moving to a higher pay line.

Click here to enter text.

**Additional Information to be submitted:**

* Was the candidate offered the minimum permanent rate?Click here to enter text.
* Has the candidate agreed to accept the position at the requested amount? Click or tap here to enter text.
* Will the agency offer the position to any other candidate should this candidate decline? Provide alternate candidate’s name. Click here to enter text.
* What are the consequences if agency must continue recruitment effort? Click here to enter text.

**Section Four**

**IN-GRADE SALARY ADJUSTMENT REQUESTED:**

**Justification for Adjustment:***(Must indicate which justification is being used for this request. Provide sufficient information as it relates to the justification selected.)*

* **Unique responsibilities which distinguish the position from others in the same Classification** 
  + Provide a specific description of the unique or higher-level duties assigned as it compares to others in the same classification
* **Increased workload that is considerable** 
  + Must indicate the percentage increase in workload
  + 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
* **Supervisory Duties / State Personnel Approved Supervisory Exclusion** *(Provide the positions numbers and class title/class code this position will supervise)*
* **Retention** *(This option is only available when a written bona-fide job offer, from outside of State Employment, is presented and the offer amount must be greater than the teammate’s current base wage. State Personnel will not consider potential overtime, fringe benefits, etc.)*
  + Indicate why agency wishes to retain this employee *(Criticality of position and/or teammate)*
* **Sustained high performance**
  + Qualifying Criteria:
    - Related specifically to performance.
    - Sustained minimally for three consecutive annual review (calendar) years and that differentiates them from their peers.
  + Documented objectively per these contributing factors:
    - Innovation
    - Initiative
    - Distinguishing Contributions
    - Differentiation from Peers (within same classification and/or within the same team)
    - Excellence in Execution (SMART Goals, Projects/Deliverables)
    - Models the Core Values of the State of Nebraska

Click here to enter text.

**Additional information to be submitted:**

* How was this teammate selected for these work assignments rather than another teammate in the same classification? Click or tap here to enter text.