**Compensation Request Form**

(State Personnel Rules – Chapter 7

& Labor Contracts)

|  |  |
| --- | --- |
| **Agency:** | Click here to enter text. |
| **Division:** | Click here to enter text. |
| **Purpose of Request:** | Choose an item. |
| **Rules or Contract Covered:** | Choose an item. |
| **Candidate/Employee Name:** | Click here to enter text. |
| **Is this a Current Employee:** | Choose an item. |
| **Position Number:** | Click here to enter text. |
| **Class Title:** | Click here to enter text. |
| **Class Code:** | Click here to enter text. |
| **Permanent or Temporary:** (In-grade only) | Choose an item. |
| **\*Effective Date(s):** | Click here to enter text. |
| **Minimum Permanent Rate/Current Rate:** | Click here to enter text. |
| **Requested Rate:** | Click here to enter text. |
| **Percentage Increase:** | Click here to enter text. |

**\*** *Compensation requests are effective the date of submission unless otherwise requested.*

1. **Describe the primary job duties of the position.** *(Utilize bulleted format)*

* Click here to enter text.
* Click here to enter text.

* Click here to enter text.
* Click here to enter text.

* Click here to enter text.

1. **Impact:** Provide a list of all employees within the agency occupying the same class code *(use example below to create spreadsheet/print report from Workday to capture ­ALL employees in the same class code).*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Continuous Service Date** | **Time in Job Profile** | **Job Code** | **Job-Related Credentials** | **Total Base Pay** | **Position Number** |
| John | Doe | 11/02/1998 | 6.63 | I75013 | LPN | $32.36 | 02500000 |
| Jane | Doe | 10-05-1998 | 18.54 | I75013 | LPN | $35.403 | 02500001 |

1. **Equity Consideration:** *(See equity considerations guidance for assistance)*

* **Will this adjustment allow the employee/candidate to surpass others with the same class code?** Choose an item.

**For NAPE covered positions:** *NAPE’s review and concurrence is sought for any request beyond step 15 of the employee’s classification.*

* **How many individuals will be surpassed?** Click here to enter text.
* **Is the agency requesting to address the equity considerations?** Choose an item.
* **Why or Why not?** *(Include reason, names and position numbers of those who you are requesting for equity consideration)*Click here to enter text.

1. **Fiscal Impact:**

* **How will the increased salary be funded?** (Include what budget program(s) and fund type(s) are impacted)Click here to enter text.
* **What will the fiscal impact amount be for the current fiscal year as well as the fiscal impact in subsequent fiscal years when fully-annualized?** (Include amount for each affected program and fund type)Click here to enter text.

**IMPORTANT NOTE:** All applicable sections need to be completed. **Section 5** needs to be completed for Advanced Hiring Rate Requests **only**. **Section 6** needs to be completed for In-Grade Requests **only**. All other sections need to be completed.

1. **Advanced Hiring Rate.** **(Complete if requesting an advanced hiring rate)  
   Must provide recruitment efforts of the position for the past 12 months (if applicable)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Requisition Number | Dates Posting was active | List of publications / websites utilized | # of applicants received | # of applicants that met the class MQs \* | # of applicants interviewed | Result of posting |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

***\**** *The number of applicants that met the MQ’s, would include any applicant that met the classification*

*MQ’s. This would not include only applicants that meet the agency’s preferred qualifications.*

**Justification for Adjustment:** *(Check all that apply and provide sufficient information as it relates to the justification selected.)*

**Recruitment Difficulties:**

⯎ Explain how the information above has hindered the recruitment efforts for the position.

Click here to enter text.

**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.)

Click here to enter text.

⯎Explain how the candidate’s qualifications compare to the other candidates that were interviewed. Click here to enter text.

**Promotional Advanced Hiring Rate:** **RULES POSITIONS ONLY**

⯎This option is only available when the employee is moving to a higher pay line. Must still meet at least one of the other justifications. Please provide the current position number, job classification and job code. Click here to enter text.

**Additional Information:** **Yes  No –** Was the candidate offered the minimum hiring rate? **Yes  No –** Has the candidate agreed to accept the position at the requested amount?  
 **Yes  No –** Does the agency have an alternative candidate in mind, should this candidate decline?  
What are the consequences if the agency must continue recruitment efforts? Click here to enter text.

1. **In-Grade Salary Adjustment:** **(Complete if requesting an in-grade adjustment)**   
     
   **Justification for Adjustment:** *(Check all that apply and provide sufficient information as it relates to the justification selected.)*

**Unique Responsibilities/Higher-Level Duties:**

In the chart below please describe the duties that have been assigned. It is the expectation that these duties would be in addition to the primary duties listed above. Duties must be unique to the position and distinguished from others on the same team within the same class code.

Supervisory Duties/State Personnel Approved Supervisory Exclusion:

**RULES POSITIONS ONLY**

Provide the position numbers and class title/codes for the direct reports that this position will supervise. *(If accompanying a bargaining unit change, please include a Supervisory Questionnaire with submission*) Click here to enter text.

**Increased Workload:**

In the chart below please describe the duties that have been assigned. It is the expectation that these duties would be in addition to the primary duties listed above. Duties must be a considerable increase in workload.

**Additional Information:** *(Must be completed if utilizing the above justifications or supervisory duties justification)*⯎ How was this employee selected for these work assignments over others in the same classifications? Click here to enter text.

Please list and describe the additional duties that have been assigned to this position. Indicate whether these duties are outside of the scope of the current classification. Must indicate the percentage of time for each duty, the date in which the duties were assigned as well as the reason for the re-assignment of work and who *(position number and class title/class code)* previously performed the duty.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Added Duties of the Position  *(Must be completed if utilizing unique responsibilities/increased workload justification)* | | | | |
| Description of Duty | **Percentage**  **of Time** | **Falls within Scope of Current Class** | **Date Duty Added** | **Reason for Reassignment/Who Performed Duty Previously** |
| 1. Click here to enter text. | % | Choose an item. | Click or tap to enter a date. | Click here to enter text. |
| 1. Click here to enter text. | % | Choose an item. | Click or tap to enter a date. | Click here to enter text. |
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**Retention:**

Only available when there is a written bona-fide job offer from outside of State Employment that is relevant to the current position and is greater than the employee’s current base wage. *(Job offer must be submitted with the request)*. Please indicate the reason as to why the agency is requesting to retain this employee. Click here to enter text.

**Sustained High Performance:** **RULES POSITIONS ONLY**

Qualifying Criteria: Must be specifically related to performance.

*Must include Sustained High Performance Questionnaire with request submission*

1. **Signatures**



***Internal Agency approvals must be obtained prior to submitting the request to State Personnel.   
  
Written approval must be received from State Personnel prior to notification or implementation.  
  
If you have any questions, please contact your assigned agency analyst.***