**Contract – Compensation**

**APPROVAL CHECKLIST**

**(Labor Contracts)**

**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?** YES[ ] NO[ ]

**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 here to enter text.

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

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

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

**Impact:**List all teammates within the agency occupying the same classification *(see example below and create spreadsheet to capture ­ALL teammates 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?
* *NAPE’s review and concurrence is sought for any request beyond step 15 of the teammate’s classification.*
* See specifics of contracts on Employee Relations’ [website](https://das.nebraska.gov/emprel/labor.html).

 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.

**SIGNATURE OR INITIAL:**

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

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

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

**Section Three**

**ADVANCED HIRING RATE REQUESTED (external hires only):**

**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.)

Click here to enter text.

**Additional Information to be submitted:**

* Was the candidate offered the minimum hiring 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.)*

1. **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
2. **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
3. **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 the agency wishes to retain this teammate *(Criticality of position and/or teammate)*

Click here to enter text.

**Additional information to be submitted:**

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