

## Salary In-Range/Grade Adjustment Request

Managerial, Professional, Supervisory & Confidential Staff¹ (MPSC) and Administrative Staff² (URA-AFT)

All requests for in-grade salary adjustments require concurrence by the supervisor, the department head, and the appropriate Vice President/Chancellor. Requests will be submitted to University Human Resources to determine if the additional responsibilities added to the position are appropriate within the current grade. In addition to completing the below in its entirety, please submit a current CARF/job description, proposed CARF/job description highlighting the new and/or removed responsibilities of the position, an updated organizational chart, and the employee's current resume with your request. Refer to the following UHR policies and union agreement for guidance.

- 1. Policy 60.4.10 (V) Salary Adjustments for Managerial, Professional, Supervisory and Confidential Staff
- 2. <u>URA-AFT Negotiations Agreement</u> Article 39 (V) Salary Adjustments
- 3. AFSCME Local 1761 (COLT) Agreement Article 20 Salary

**Employee's Current Information** 

Employee Name:	Employee ID #:
Job Title:	Department:
Grade/Range:	Supervisor:
Requestor's Information	
Requestor's Name:	Job Title:
Phone Number:	Email Address:
Supervisor:	Supervisor's Title:
Request Details	
☐ Additional Duties ☐ Lateral transfer t	o new position $\square$ Counteroffer $\square$ Equity
· ·	ed New Percentage Increase: %
	considerations must include an assessment of current ent/unit. Have you completed this assessment and

## Rationale for Salary In-Range/Grade/Equity Adjustment

confirmed that this request will not result in internal equity concerns?

Please provide a detailed description of the significant changes within the role, including but not limited to, the major duties that are being added or removed, the scope of responsibility, the complexity of the job functions, the level of autonomous decision making, the service population, propose possible comparators and any other details that may aid in the analysis. If duties are being added, indicate who previously performed these functions within your organization and if that position is also changing. If duties are being removed, indicate who will perform these functions going forward. Including these details will expedite processing times.

☐ Yes ☐ No

□ N/A

details will expedite processing times.					

ch additional page	es if necessary.	stment (contin		

Request for			
Justification for Policy Exception	Request (if applicable)		
	iversity Human Resources with appropriate concurrent signatures. eceive a notification, with all attachments, when this request is completed.		
Requestor			
Name:			
Signature:	Date:		
Supervisor			
Name:			
Signature:	Date:		
Chair/Department Head			
Name:			
Signature:	Date:		
Vice President/Chancellor			
Name:			
Signature:	Date:		
	OR INTERNAL UHR PURPOSES ONLY:		
UHR Representative			
Signature:	Date:		
Current range/step	Biweekly pay		
Adjusted range/step	Biweekly pay		
Date processed Follow-up date			