

## Compensation Adjustment Request Form

	ا	Employee Information			
Employee Name:			CWID:		
Current Position Title:		То	Today's Date:		
Proposed Position Title:		Or	Original Date of Hire:		
Current Dept/Division:					
Proposed Dept/Divisio	n:				
Last	Date of	Percent of	Date	of Last	
Review Score:	Last Review:	Last Increase:	Increa	ase:	
	A	djustment Information			
New Hire Above R	ange Internal T	Internal Transfer/Promotion Above Range		e Equity Adjustment	
CDP Advancemen	t Demonstr	Demonstrated Proficiency Increase		Incentive Plan Increase	
One-Time Paymer	nt Position R	Position Review/Reclassification		Other	
Justification for Pay Ad		ReqID if Applicable:			
Attach supporting docum	nentation i e resume i	performance review, job description,	career develor	oment nlan etc	
, recommon supportant	, , , , , , , , , , , , , , , , , , , ,	Adjustment Details	, σαι σει αστεισμ	promy coo.	
			% of Increase:		
Current Salary:			/0 UI IIIC	liedse.	
Effective Date: Hiring Range:					
For New Hires/Transfers	Promotions, do you p	lan to do a 90-Day DPI (up to 5%)?	Yes	No	
If yes, list potential sala	ary following DPI:				
	Market ar	nd Equity Review (HR Use C	Only)		
Is proposed change justified by market?	Internal: Yes	No	HR Consultant Receipt Date:		
	External: Yes	No			
		A I	D. L.		
HR Reviewer:			Date:		
		Signatures			
Supervisor/Dept Head:			Date:		
Dept VP/Dean:			Date:		
Provost (Academic Only):			Date:		
Chief HR Officer:			Date:		
Sr. VP, Admin & Finance:					