

Classification & Compensation Section

Pay Plan Policy 2016

REQUEST for APPROVAL

For use with Section III. D.
DISCRETIONARY PAY DIFFERENTIAL

Date Stamp

AGENCY INFORMATION						
Department	Division/Bureau			Unit/Section		
TYPE OF ADJUSTMENT RECOMMENDED						
Additional duties/responsibilities Retention Incentive Internal Equity Professional Skills/Competency Development						
Temporary Permanent Competitive Salary Offer Recruitment Incentive (Lump Sum Payment) Project Based Incentive						
PROBLEM ADDRESSED - Describe: (1) the nature of the problem; (2) the impact on organizational effectiveness; and, (3) how the proposed adjustment or incentive will resolve the problem. (Please attach additional pages, if necessary.)						
DOCUMENTATION - List/provide the documentation to be considered in the evaluation of the salary adjustment. Refer to each relevant section of the policy, the guideline, and worksheet. (Please attach additional pages, if necessary.)						
EMPLOYEE INFORMATION - Complete for each employee proposed for the salary adjustment - one employee per form.						
Name (Last, First, MI)		Last 4 SSN	Title			
Tenure(Classified Service)	Tenure (Current Title)	Current Annual Salary		Adjustment (%	% or \$ amount)	
DEPARTMENT/ AGENCY APPROVALS						
Human Resources Manager/Designee Signature				Date		
Department/Agency Head Signature I certify that funds are available to implement the requested adjustment (s). Date						
Cabinet Secretary Signature					Date	
DIRECTOR OF PERSONNEL ACTION	APPROVED	DISAPPROVE	D 📗		MODIFIED	
Reason (if disapproved or modified)						
Director of Personnel Signature					Date	
GOVERNOR'S OFFICE ACTION	APPROVED	DISAPPROVE	ED 📗		MODIFIED	
Governor's Office Signature					Date	