

Pay Adjustment Request

Instructions: Complete the following sections for pay increase requests other than salary policy or above those governed by ARSD 55:10:11. For multiple requests with same adjustments and justifications, list all employees (box will expand with list) or provide information below in an excel spreadsheet. For assistance, please contact the Human Resource Manager.

Employee name:		Date of request:	
Agency:		Human Resource Manager:	
Employee ID:		Supervisor:	
Classification:		Pay grade:	
Working title (when applicable):			
Current pay rate:	Proposed pay rate:	Total Increase (\$):	
Current compa-ratio*:	Proposed compa-ratio:	Total Increase (%):	
Effective date (begin date):		End date (when applicable):	

*compa-ratio = (base pay rate / market value) x 100.0%

Type of Increase

Check the box that is most appropriate.

Equity	to a level comparable with current employees
Market	towards the market value of pay grade, not above
Retention	countering an employment offer from another employer
Education/Certification	acquisition of job-related skills or knowledge
Geographic	differing labor supply or demand within local area
Temporary Additional Duties	additional responsibilities with known and stated end date
Permanent Additional Duties	additional responsibilities with no end date
Other	please describe in justification

Justification: In the space below, please provide reasoning for proposed salary increase. (More space available on next page.)

Pay Adjustment Request

Justification (continued)

	Approved
	Not Approved
	Approved with changes below

Signatures

<i>Supervisor</i>	Date
<i>Division Director</i>	Date
<i>Department Secretary/Bureau Commissioner</i>	Date
<i>Human Resource Manager</i>	Date
<i>Director of Classification and Compensation</i>	Date
<i>Commissioner of Bureau of Human Resources</i> <small>(required if total increase is above 10% of original pay rate)</small>	Date