



## Salary Determination

### GENERAL INFORMATION

Date:	Working Job Title:	Position #:
Employee Name:	Title Code:	Department Name:

### JUSTIFICATION FOR SALARY DECISION

Provide sufficient detail to clearly show reasons for salary decision.

### TYPE OF SALARY ACTION

Advancements and promotions are documented in online job descriptions and do not require a Salary Determination Form. New hires/transfers within approved hiring ranges do not require a Salary Determination Form.

- New Hire (for salary offers that exceed approved hiring rate/range)  
 Transfer (for salary offers that exceed approved hiring rate/range)

### NEW HIRE/TRANSFER SALARY INFORMATION

Target hiring range: \$ \_\_\_\_\_ Actual hiring rate: \$ \_\_\_\_\_

### ACTIONS REQUIRING HR CONSULTATION/REVIEW PRIOR TO EFFECTING ACTION

- Temporary Responsibility pay (limited to 20%)  
 Voluntary Reduction

### ACTIONS REQUIRING HR APPROVAL PRIOR TO EFFECTING ACTION:

- Demotion                       Market Adjustment                       Equity Adjustment  
 Other: \_\_\_\_\_

### SALARY CHANGE INFORMATION

Old rate of pay: \$ \_\_\_\_\_ New rate of pay: \$ \_\_\_\_\_ Percent change: \_\_\_\_\_ %

Effective Date: \_\_\_\_\_ Stop date: \_\_\_\_\_

**Requestor:** I have consulted with HR regarding this salary action.  YES  NO

**Requestor and Designated Unit Authority:** I certify that the process used to determine this salary was made in accordance with Human Resources guidelines, FLSA, Title VII of the Civil Rights Act of 1964, ADA and other employment laws and regulations

_____ Requestor Signature (Supervisor/Manager)	_____ Date
_____ Dean/Director Approval(s)	_____ Date
_____ Vice Chancellor Approval	_____ Date
_____ Human Resources	_____ Date

Obtain all approval signatures and forward this form to Human Resources *prior* to submission of PAF.