



# WAYNE STATE UNIVERSITY

## SALARY ADJUSTMENT FORM – Non-Represented Employees

Employee:

Banner ID:

Job Title:

Effective Date of Adjustment:

School/College/Division:

Department:

Supervisor Name and Title:

Phone:

**BUSINESS RATIONALE - *Indicate which of the following apply:***

- Promotional increase
- Salary adjustment is necessary to provide internal equity with peers
- Salary adjustment is necessary to correct salary compression caused by a new hire
- Salary adjustment is necessary to retain a key employee
- Other

**REQUIRED: Salary Adjustment Justification**

Amount of Salary Adjustment  INCREASE or  DECREASE

Employee's current base annual salary \$

Amount of proposed increase (decrease) \$ which is % of base pay

Employee's NEW base annual salary \$

**For Temporary Salary Adjustments, please provide the Begin and End Dates of the assignment:**

Begin Date: End Date:

Comment:

Supervisor's Signature: \_\_\_\_\_

Date:

Business Affairs Officer's Signature (Funding Verification): \_\_\_\_\_

Date:

HR Director or Consultant's Signature: \_\_\_\_\_

Date:

**APPROVALS**

Dean, Assistant/Associate/Sr. Associate Vice President's Signature: \_\_\_\_\_ Date:

*Provost/Vice Presidential approval is required for any proposed salary increase that exceeds 10% and/or for any salary increase for an employee reporting directly to a Dean, Assistant/Associate/Sr. Associate Vice President.*

Provost/Vice President's Signature: \_\_\_\_\_

Date:

*Presidential approval is required for any proposed salary increase for the Provost or Vice Presidents or for any salary increase for their direct reports.*

President's Signature: \_\_\_\_\_

Date: