

SALARY RECOMMENDATION FORM

Please complete this form, review with department/division personnel necessary for approval, obtain approvals, and forward to your HR consultant. In addition, please include your division's [salary calculator spreadsheet](#).

This request is for a:	Requisition number:
Department Name:	Position Number:
Division Name:	Division Number:

Information Regarding New Hire/Employee

Name:	Incumbent EIN:
Current Job Title:	Job Code:
New Existing Title:	Grade:

Justification

Please provide a brief summary of the justification for this salary request.

Agency Salary Analysis

Current Salary: Agency Salary Recommendation:
Grade: Salary Plan:

Minimum: Midpoint: Maximum:

Division Approval

By providing approval and electronically signing below, this certifies that I agree with this salary recommendation request.

Prepared by	Signature	<input type="text"/>
Immediate Supervisor	Signature	<input type="text"/>
Fiscal Manager or Designee	Signature	<input type="text"/>
Division Director or Administrator	Signature	<input type="text"/>

THE SECTION BELOW WILL BE COMPLETED BY HUMAN RESOURCES

Impacts, Concerns, Additional Comments

Previous Performance Evaluation Scores (if applicable)

Year					
	Score				

HR Recommendations

Approved Annual Salary Amount:

HR Consultant Signature