

# EVERGREEN

## EXEMPT POSITION SALARY LEVEL REVIEW REQUEST FORM

**PART I: This section is completed by the Exempt Employee and/or Supervisor.** Complete this portion of the Exempt Position Salary Level Review Request form to request a review of the position in order to determine whether it may be allocated to a different salary level. The employee should keep a copy of this form and give the completed form to the supervisor, manager, director or Dean to sign and forward to the divisional Vice President for authorization. A copy of the position description must be included with this form.

|   |                       |  |  |          |
|---|-----------------------|--|--|----------|
| Employee Name:  |                       | Telephone  | E-mail Address   | Mailstop |
| Your Position's salary level  | Your Unit/ Department | Building and Room Number                                       | Work Days and Work Hours if other than Monday through Friday, 8 a.m. to 5 p.m. |          |
| Supervisor Name and Title   |                       | Telephone  | E-mail Address   | Mailstop |
| Appointing Authority Name and Title                                     |                       | Telephone  | E-mail Address   | Mailstop |
| Current Position Title  |                       | Working Title (if different from current classification title) |  |          |
| FOR HUMAN RESOURCE OFFICE USE ONLY:<br><br>Allocation Decision Made By: |                       | Position salary level assignment:<br><br>Effective Date:       |  |          |

**1. Position Responsibilities & Accountability – Describe in one paragraph the level and scope of the position responsibilities and accountabilities.**

**2. Rationale for requesting a position salary level review - Why does the position need to be reviewed?**

|   |      |
|---|------|
| Position Salary Level Review Request signature:   |      |
| Employee Signature  | Date |
| <b>Submit this form and a copy of the position description to the Supervisor/Manager/Director/Dean.</b> |      |

**PART II: This section is completed by the Supervisor/Manager/Director/Dean or Vice President and requires Vice President authorization.** Please check the appropriate boxes and provide requested information, if appropriate:

**Review Request:**  **Authorized - Complete Part II and submit to next level of review**  
 **Denied – Return to Exempt Employee**

**Option #1: No legislatively mandated salary/wage increase in effect.** HRS is authorized to conduct a salary review and assign salary level in accordance with the Exempt Compensation Procedures.

**Option #2: Current legislatively mandated salary/wage increase freeze AND demonstrated difficulty in retaining qualified employee(s).** This review request is based on the following requested information.

1. Provide evidence to demonstrate difficulty in retaining a qualified employee in this position.
2. Explain how the salary increase will be paid within existing resources.
3. Explain how the salary increase impacts client services.
4. Explain internal alignment with other positions.

Position Salary Level Review Request signatures

\_\_\_\_\_  
Supervisor/Manager/Director/Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President Signature

\_\_\_\_\_  
Date

**If Option #1 - Submit this form and a copy of the position description to Human Resource Services.**

**If Option #2 - Submit this form and a copy of the position description to the President's Office.**

**PART III: If the Vice President has checked Option #2 in Part II, Part III must be completed and signed by the President.** Please check the appropriate box(es).

**Request Authorized** – Human Resource Services is authorized to conduct a position salary review of the Exempt position and assign salary level in accordance with the Exempt Compensation Procedures.

**Request Denied** – Request denied for one or more of the following reasons (please check box(es)):

current legislatively mandated salary/wage increase freeze

lack of evidence to demonstrate difficulty retaining qualified employee; the salary increase cannot be paid within existing resources; and the salary increase adversely impacts the provision of client services.

President's signature

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date

**Authorized - Submit this form and a copy of the position description to Human Resource Services.**

**Denied – Return this form and the position description to the divisional Vice President.**