

SALARY RECONSIDERATION FORM

Section 1 (Completed by Employee)

Employee Name: _____

Position: _____

Building: _____

Request Date: _____

Current Wage/Salary (and Step): _____

Requested Wage/Salary: _____

Reason for Request:

Employee Signature

Date

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Section 2 (Completed by Supervisor)

Supervisor Name: _____

Title: _____

___ support the request

___ do not support the request

Reason for Recommendation:

Supervisor Signature

Date

Section 3 (Completed by District Administrator - Director, Exec Director or Deputy)

- Only required if Administrator is different than Supervisor in Section 2 -

Administrator Name: _____

Title: _____

___ support the request

___ do not support the request

Reason for Recommendation:

Administrator Signature

Date

Section 4: Decision (Completed by HR)

Based on the below information and the information provided by the employee and supervisors, the salary reconsideration request is:

_____ Approved. The new wage/salary is _____ and placement is on Step _____

_____ Denied.

- Employee's starting salary with the District was _____ (step __, if applicable) in 20____.
- During the last compensation cycle, the employee received a ___ percent salary / wage increase.
- Over the last three years, the employee has received a _____ percent salary / wage increase.
- This ___ includes or ___ does not include a competitive promotion increase during the last three years.

HR Official

Position

Signature

Date

Appeals to this decision may be submitted to the Deputy Superintendent. Appeals should be submitted in writing and this form must be attached. Appeals must be submitted within 10 calendar days of the decision date.

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