

Salary Adjustment and Reclassification/Re-grade Request Form
Staff Positions

INSTRUCTIONS

1. Complete form with Staff identification information, current job and pay information, and desired pay and/or job change.
2. For new jobs, final job descriptions are to be submitted with the request.

Important:

- Compensation market and equity review turnaround time is impacted by assessment workload, and every attempt is made to provide quick results, complete and accurate information provided will help to speed up the process.
- Compensation recommendation generally provides an equity component. Non-compliance by the Client may result in inequities in the School/Unit or the University as a whole. Every effort should be made to comply with assessment and equity recommendations.
- To ensure a competitive process, job postings are required for promotions into vacant positions. Please work directly with Talent Acquisition for these requests, not Compensation.

POSITION INFORMATION

Reclassification

Pay/Equity Adjustment

Position Title: _____ **Position Number:** _____
School/Unit: _____ **Job Code:** _____
Department: _____ **Grade:** _____
Department Number: _____ **'Reports To' Name:** _____

EMPLOYEE CHANGE:

Employee Name _____, desired effective date _____

- Increase in hours, current full-time equivalent (FTE) _____ %
A reduction in hours is exempt from the Position Management Process unless it results in a vacancy; all vacancy requests must flow through the process.
- Pay/Equity Adjustment (in-grade pay change for employee)
- Reclassification-Employee current grade _____
Job postings are required for promotions into vacant positions.

POSITION FUNDING

Current Annual Salary:

**Requested
Target Annual
Salary:**

Chart String

- Faculty commitment (attach supporting documentation, e.g. faculty offer letter outlining commitment)
Details: _____
- Endowment/Award
Details _____

APPROVALS

By signing below, I am indicating my support for this position request:

Requestor Name: _____ Signature: _____ Date: _____

Authorized School/Unit Approver Name: _____ Signature: _____ Date: _____

Submit completed form to: HR.Compensation@northwestern.edu