Pay Action Worksheet

1. TYPE OF ACTION (Please identify which action is being requested)

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| --- | --- |
| [ ]  Establish Position | [ ]  In-Band Adjustment |
| [ ]  Starting Pay | [ ]  Change in Duties |
| [ ]  Promotion | [ ]  Application of new knowledge skills, |
| [ ]  Voluntary Transfer |  abilities, education, certification, |
| [ ]  Voluntary Demotion  |  licensures, etc. |
| [ ]  Temporary Pay | [ ]  Retention |
|  | [ ]  Internal Alignment |
| [ ]  Role Change: |  |
|  [ ]  Upward | [ ]  Competitive Salary Offer |
|  [ ]  Downward | [ ]  Disciplinary or Performance Related |
|  [ ]  Lateral | [ ]  Recognition Award |

1. IDENTIFYING INFORMATION & SALARY ACTION DATA

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| Candidate/Employee Name:      |
| Current Position #:      | Current Role Code/Role Title:      | Current Pay Band:      |
| New Position #:      | New Role Code/Role Title:      | New Pay Band:      |
| Current SOC Code/SOC Title: (For HR Use)      | Current Work Title:      |
| New SOC Code/SOC Title: (For HR Use)      | New Work Title:      |
| Current Department:      | Current Funding:      |
| New Department      | New Funding:      |

1. PAY FACTORS

Instructions: Agency business need, internal alignment and budget implications are to be considered and discussed in all pay actions. Please also discuss the additional pay factors that were considered and how they formed the basis of your decision. Attach additional sheets if needed. Please refer to the instructions and definitions of pay factors provided previously with your pay practices materials for supervisors. IMPORTANT: Consideration of the factors should occur before any discussion with an employee or applicant takes place.

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| Performance (A current employee must meet performance standards to be eligible for a management increase.)Does Employee meet Performance Standards? [ ]  Yes [ ]  NoComments:      |

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| Duties and responsibilities for new employee, describe key duties which link to this pay action:       |
| For current employee, summarize job duty changes:      |
| Change is: [ ]  Permanent [ ]  Temporary |
| Internal salary alignment:Are there other employees affected? [ ]  Yes [ ]  NoInequity (%) with other comparable employees.      |
| Knowledge, skills, abilities:For new employee, describe relevant knowledge, skills and abilities.     |
| For current employee, describe increase in relevant knowledge, skills and abilities.      |
| Relevant work experience and education: (For starting pay only, summarize employment history and academic credentials.)      |
| How does this apply to job assignments?      |

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| Relevant training, certification, license, etc,: (List specialized courses of instruction, certification, licensure.)      |
| How does this apply to job assignments?      |
| Agency business need: (Describe organizational requirements for the work.)      |
| Budget Implications: (Describe short & long term fiscal consequences; consult with budget Dept.)       |
| Market data: (Identify data use & source of data)      |
| Total compensation: (For new employees include cash compensation & average % value of benefits package)      |
| Long term impact: (For example, on budget, alignment, operations)      |
| Market availability: Difficulty in recruiting? [ ]  Yes [ ]  NoIf yes, provide explanation.      |
| Other justification for action requested. Attach additional information, as necessary.      |

1. INFORMATION FOR COMPETITIVE OFFER

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| Describe the following:* Documentation of actual salary offer
* Criticality of retaining the employee
* Impact on agency operations should the employee leave
* Difficulty in replacing the employee’s knowledge, skills, abilities

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1. INFORMATION FOR IN-BAND ADJUSTMENT

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| Total % of previous in-band adjustments (including lateral role change increases) this fiscal year.       |

1. INFORMATION FOR RECOGNITION AWARD

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| Amount of Award:      | Total Amount of recognition award this fiscal year:      | Rationale for recognition award:      |

1. SALARY ACTION DATA

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| --- | --- |
| Current Salary:      New Salary:       | Percentage of increase/decrease requested:      |
| Temporary Pay:       | Expiration date:       |

Please attach a revised employee work profile (EWP), if changed.

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| Departmental Authorization: |  |
|  |  Requestor’s Signature and Date |

|  |  |
| --- | --- |
| Administration Authorization: |  |
|  |  VP or Designee’s Signature and Date |

|  |  |
| --- | --- |
| Budget Administration: |  |
|  |  Budget Office Personnel Signature and Date |

|  |  |
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| HR Review: |  |
|  |  Consultant’s Signature and Date |