REQUEST FOR EMCP IN-GRADE COMPENSATION ADJUSTMENT

| TO: VIA: FROM: | | C | Click here to enter Appointing Authority Click here to enter Departmental Personnel Officer Click here to enter Requestor | | | | | | |
|---|--|-----------|---|--------|----------------|---|--------------|-------------------------------------|--|
| | | | ☐ Permanent | | Temporary | Period: From Click here | to er | nter to Click here to enter | |
| Department: | | | Click here to enter Click here to enter Click here to enter Click here to enter | | | Job Title and Job Code: Salary Range and Step: Current Salary: Recommended Salary: | Clic Clic | k here to enter k here to enter | |
| 1. | equired Justification/Rationale: Does the employee's performance evaluation for the immediately preceding evaluation period reflect a minimum overall performance rating of "Meets Expectations"? Yes No Attach a copy of the last performance evaluation from the immediately preceding rating period. Assumption of Higher Level Duties a. Provide a position description reflecting the significant change to the predominant duties of the position. b. What significant changes have been assigned and documented in the position description with respect to the scope of responsibility and accountability? Click here to explain | | | | | | | | |
| | c. What significant changes have been assigned and documented in the position description with respect to expectations in critical thinking and problem solving? Click here to explain | | | | | | | | |
| | d. What significant changes have been documented in the position description with respect to decision-making? Click here to explain | | | | | | | | |
| | e. What new knowledge, skill and expertise are being required to perform assigned position duties and responsibilities: Click here to explain | | | | | | | sition duties and responsibilities: | |
| | f. | | e communication expe e to explain | ctatio | ns changed? | | | | |
| 3. | Provide any other relevant information or justification in support of the request. Click here to explain | | | | | | | | |
| ************************************** | | | | | | | | | |
| Certification: ☐ I certify that the program can accommodate the additional funding associated with this request within its existing budget. The additional funding required can be covered in future budgets without an increase in the level of funding. ☐ I certify that an assessment of the impact has been made and that this request complies with applicable equal opportunity laws, rules, regulations and policies. | | | | | | | | | |
| Sup | ervis | sor/Manag | er: Click here to enter | electr | onic signature | Г | Date: | Click here to enter date | |
| Divi | sion | Head: | Click here to enter | electr | onic signature | D | Date: | Click here to enter date | |
| | Departmental Personnel Office: ☐ I certify that the above recommendation has been reviewed by the departmental personnel office: ☐ Recommend Approval ☐ Recommend Approval with Changes Monthly Rate: \$ Click here to enter ☐ Approval not Recommended Comments: Click here to explain | | | | | | | | |
| DPC |) Sig | ınature: | Click here to enter | electr | onic signature | D | ate: | Click here to enter date | |
| Director/Appointing Authority: ☐ Approved ☐ Approved with Changes | | | | | | | | | |
| Director/Appointing Authority Signature: Click here to enter electronic signature Date: Click here to enter date | | | | | | | | Click here to enter date | |

Effective Date: Click here to enter (See guidelines to determine appropriate effective date)