

FLEXIBLE HIRING RATES

BU 13 Independent Worker Level & Above

Date: Department:

To: Appointing Authority

Via: Departmental Human Resources Officer

From: Recommending Supervisor/Manager

1. Request approval to use the Flexible Hiring Rates Policy for:

Name:
Class Title: Job Code:
Position No.:
Division: Branch:

Recommended salary range (SR) and Step:
Recommended monthly pay rate:
Shortage Differential (SD), if applicable:

2. Minimum Requirements

Document the applicant's education and work experience that meets the minimum requirements. *Attach additional sheets if necessary.*

Education:

Experience

Employer:
Position title:
Dates of employment: to
Length of employment: years, months
Duties and responsibilities:

Employer:
Position title:
Dates of employment: to
Length of employment: years, months
Duties and responsibilities:

If yes, explain the rationale for recommending a rate higher than the existing employees' pay.

7. OPTIONAL: Calculate the additional cost.

<u>Proposed Compensation Using the Flexible Hiring Rates Policy</u>	
\$	Base pay Proposed SR/step:
+ _____	*Plus SD (if applicable, see asterisk below)
\$	(A) Proposed total compensation
<u>Compensation Without the Flexible Hiring Rates Policy</u>	
	(Check one box)
\$	<input type="checkbox"/> New Hire - Salary range minimum <input type="checkbox"/> Transfer or Promotion - Compensation Adjustment SR/step:
+ _____	Plus SD (if applicable)
\$	(B) Total compensation
\$	(C) Additional cost per month (A – B)
\$	Additional cost per annum (C*12)

*For BU 13 shortage classes, the SD shall be the differential listed on the shortage table for the applicable salary range and step.

8. Other pertinent information:

Certification:

I certify that the above information is true and accurate to the best of my knowledge and that the program can accommodate the additional funding associated with this request within its existing budget. Further, that the additional funding required can be covered in future budgets without an increase in the level of funding.

Recommending Supervisor/Manager

Date

Division Head

Date

The above recommendation has been reviewed by the personnel office.

Check one:

Recommend approval

Recommend approval with changes:

SR:

Step:

Monthly Rate:

SD, if applicable:

Approval not recommended

Comments:

Departmental Human Resources Officer

Date

 Approved

Not Approved

Department Head

Date

Once approved by the appointing authority, please email a signed PDF version to the Compensation Branch of the Department of Human Resources Development within 10 days of the approval.