**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:

1. 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:

1. Selective Certification

Document the applicant’s education and work experience that meets selective certification requirements, if applicable. *Attach additional sheets if necessary.*

[ ]  Check here if no selective certification

1. Excess Creditable Experience

Document work experience that is being used for years of excess creditable experience. *Attach additional sheets if necessary.*

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:

1. Justification

Explain how the recommended rate was determined based on the excess creditable experience and P & P 201.009 Flexible Hiring Rates Policy. Please include the following factors that are relevant to the position that the applicant possesses: education, training, certification, work experience, knowledge, skills, abilities, competencies, and performance.

1. Does the recommended total compensation (base pay + SD, if applicable) exceed the total compensation of existing employee(s) in comparable position(s) in the relevant work unit(s) with similar or greater education, experience, knowledge, skills, abilities, and competencies?

[ ]  Yes [ ]  No

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

1. OPTIONAL: Calculate the additional cost.

|  |
| --- |
| Proposed Compensation Using the Flexible Hiring Rates Policy |
| $       | Base pay Proposed SR/step:       |
| +        |  \*Plus SD (if applicable, see asterisk below) |
| $       (A) |  Proposed total compensation |
|  |  |
| Compensation **Without** the Flexible Hiring Rates Policy |
| $      +       $       (B) | (Check one box)[ ]  New Hire - Salary range minimum [ ]  Transfer or Promotion - Compensation Adjustment SR/step:      Plus SD (if applicable)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.

1. 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

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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

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[ ]  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.*