



**PAY PLAN POLICY
REQUEST FOR APPROVAL
DISCRETIONARY PAY DIFFERENTIAL**

AGENCY INFORMATION:

Department: _____

Division/Bureau: _____

Unit/Section: _____

EMPLOYEE INFORMATION- Complete for each employee proposed for the salary adjustment—one employee per form.

Name (Last, First, MI) _____ Last 4 SSN _____ Title _____

Tenure Years (Classified Service) _____ Tenure Years (Current title) _____ Current Annual Salary _____ Adjustment (% or amount) _____

TYPE OF DISCRETIONARY PAY REQUESTED	SUPPORTING DOCUMENTATION REQUIRED <i>(additional items may be requested by the DOP)</i>
Additional Duties/Responsibilities (mark one) <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<input type="checkbox"/> Nature and extent of the new duties listed under the problem addressed section below. <input type="checkbox"/> If temporary, also include a letter signed by the employee stating that they understand the duties are temporary and the increase will be removed when the duties are removed <input type="checkbox"/> Employee Performance Appraisal 3 (current) <i>A Position Description Form (PDF), that has been reviewed by the DOP with permanent additional duties included, must be on file.</i>
Competitive Salary Offer	<input type="checkbox"/> Copy of the written offer of employment on the prospective employer's letterhead <input type="checkbox"/> Resignation letter from the employee <input type="checkbox"/> Resignation acceptance letter <input type="checkbox"/> Employee Performance Appraisal 3 (current)
Internal Equity	Documentation for all employees in the same job classification within the work unit, including: <ul style="list-style-type: none"> <input type="checkbox"/> Tenure <input type="checkbox"/> Salary <input type="checkbox"/> Work History (a current application or summary including job titles) <input type="checkbox"/> Employee Performance Appraisal 3 (current)
Professional Skills/Competency Development	<input type="checkbox"/> Certification or Degree listed on this form. <input type="checkbox"/> Employee Performance Appraisal 3 (current)
Project-Based Incentive	<input type="checkbox"/> Documentation of prior approval of project (see policy for details) <input type="checkbox"/> Letter of understanding signed by employee <input type="checkbox"/> Employee Performance Appraisal 3 (current)



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Employee Name (Last, First, MI)	
Appointment Incentive (Lump Sum Payment)	Documentation of: <ul style="list-style-type: none"> <input type="checkbox"/> Job classification(s) <input type="checkbox"/> Geographic area(s) eligible for an appointment incentive due to documented recruitment difficulties <input type="checkbox"/> Draft of formal written agreement from the new employee agreeing to work for the agency for a period of twelve (12) months or repay the entire amount of the appointment incentive if the agreement is not fulfilled
PROBLEM ADDRESSED -Describe: (1) the nature of the problem; (2) the impact on organizational effectiveness; and, (3) how the proposed adjustment or incentive will resolve the problem. (Please attach additional pages, if necessary.)	
DOCUMENTATION - List/provide the documentation to be considered in the evaluation of the salary adjustment. Refer to each relevant section of the policy, the guideline, and worksheet. (Please attach additional pages, if necessary.)	
DEPARTMENT/AGENCY APPROVALS	
_____ Human Resources Manager/Designee Signature	_____ Date
_____ Department/Agency Head Signature <i>I certify that funds are available to implement the requested adjustments</i>	_____ Date
_____ Cabinet Secretary Signature	_____ Date



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Employee Name (Last, First, MI)		
DIRECTOR OF PERSONNEL ACTION		
APPROVED	DISAPPROVED	MODIFIED
<div style="border: 1px solid black; padding: 5px; min-height: 30px;">Reason (if disapproved or modified)</div>		
_____ Director of Personnel Signature		_____ Date
GOVERNOR'S OFFICE ACTION		
APPROVED	DISAPPROVED	MODIFIED
_____ Governor's Office Signature		_____ Date