



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

**AGENCY INFORMATION:**

Department: \_\_\_\_\_

Division/Bureau: \_\_\_\_\_

Unit/Section: \_\_\_\_\_

<b>EMPLOYEE INFORMATION</b> - Complete for each employee proposed for the salary adjustment—one employee per form.	
Name (Last, First, MI) _____ Employee # _____ Title _____	
Tenure Years (Classified Service) _____ Tenure Years (Current title) _____ Current Annual Salary _____ Adjustment (% or amount) _____	
<b>TYPE OF DISCRETIONARY PAY REQUESTED</b>	<b>SUPPORTING DOCUMENTATION REQUIRED</b> <i>(additional items may be requested by the DOP)</i>
<b>Additional Duties/Responsibilities (mark one)</b> Temporary Permanent	Nature and extent of the new duties listed under the problem addressed section below. 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 Employee Performance Appraisal 3*  <i>A Position Description Form (PDF), that has been reviewed by the DOP with permanent additional duties included, must be on file.</i>
<b>Competitive Salary Offer</b>	Copy of the written offer of employment on the prospective employer's letterhead (or email account) Resignation letter from the employee Resignation acceptance letter
<b>Internal Equity</b>	Verification that employees are in the same classification and have been in the classification for 12 months per Oasis, plus: Employee Performance Appraisal 3*
<b>Professional Skills/Competency Development</b>	Certification or Degree listed on this form.
<b>Project-Based Incentive</b>	Documentation of prior approval of project (see policy for details) Letter of understanding signed by employee Employee Performance Appraisal 3*
<i>*The employee's most recent EPA 3 shall be submitted until January 1, 2023, after this date the EPA-3 will be viewed in NEOGOV Perform.</i>	



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<b>Employee Name (Last, First, MI)</b>	
<b>Appointment Incentive (Lump Sum Payment)</b>	<b>Documentation of:</b> Job classification(s) Geographic area(s) eligible for an appointment incentive due to documented recruitment difficulties 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
<b>PROBLEM ADDRESSED</b> -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.)	
<b>DOCUMENTATION</b> - 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.)	
<b>DEPARTMENT/AGENCY APPROVALS</b>	
_____ 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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<b>Employee Name (Last, First, MI)</b>		
<b>DIRECTOR OF PERSONNEL ACTION</b>		
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
<b>GOVERNOR'S OFFICE ACTION</b>		
APPROVED	DISAPPROVED	MODIFIED
_____ Governor's Office Signature		_____ Date