

UNIVERSITY OF KENTUCKY STAFF SALARY RECOMMENDATION FORM

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Demotion | <input type="checkbox"/> Promotion | <input type="checkbox"/> Transfer Hospital to Campus |
| <input type="checkbox"/> Temp to Regular | <input type="checkbox"/> Lateral | <input type="checkbox"/> Transfer Campus to Hospital | <input type="checkbox"/> Re-Eval |

CANDIDATE		
Date		
Candidate Name <i>(last, first)</i>		
Person ID# <i>(for re-eval only)</i>		
Highest Degree		= # Yrs
Other Education	Credit Hrs	= # Yrs
Related Experience (Yrs+Mos)		
Combined Educ/Experience		
License/Certification		
Hiring Official <i>(Name/phone/fax)</i>		
Recommended Salary	\$	
Tentative Start Date		

POSITION		
Requisition Number		
Position Number		
Job Title		
Grade		FTE
If Non-Exempt, reg. hrs/wk		
Department Name		
Department Number		
Minimum Requirements:		
Education		
Related experience		
License/Certification		

SALARY SCALE	
Minimum	\$
1 st Quartile	\$
Midpoint	\$
3 rd Quartile	\$
Maximum	\$
Transfer/Re-Eval:	
Current Grade Level	
Current salary	\$
1.20 x Current salary	\$
Proposed % increase	%

List all employees in organization unit with same job title and grade (to list additional individuals, please provide attachment).

No comparable positions exist within our organizational unit. HR is asked to provide information for comparable positions (if applicable) outside our organizational. (Exempt positions only.)

Department Number	Employee Name (Last Name, First Name)	FTE	Gender (M/F)	HEW	Person ID #	Highest Degree	Other Education	Related Exp (Yrs+months)	Combined Educ/Exp	Current Pay Rate (Annual or Hrly Rate)	Equity Adjustment

a. Check all that apply: Is offer beyond: 1st Quartile Midpoint 3rd Quartile Maximum Promotion Above 20%?

If so, provide justification, funding impact and source(s) of funding:

b. If applicable, provide justification for salary variances between incumbent(s) and recommended salary:

APPROVALS:

Supervisor of position: _____ Date: _____ Human Resources: _____ Date: _____
 Department/Division Head: _____ Date: _____ Provost/EVP* (if required): _____ Date: _____
 Budget Officer/HC Payroll: _____ Date: _____ President* (if required): _____ Date: _____

* Human Resources will determine and obtain approval for Provost/EVP and the President's Office.

HR Use Only: Salary Approved with _____ Equity Adjustment(s) Salary Approved, Equity Adjustments Not Needed _____ Exempted from Equity Adjustment(s)

Recommended salary requires Provost/EVP approval due to _____

UNIVERSITY OF KENTUCKY STAFF SALARY RECOMMENDATION FORM

Additional Employee Verification Sheet

Department Name	
Position Number	
Job Title	
Grade	

List all employees in organizational unit with same job title and grade.

Department Number	Employee Name (Last Name, First Name)	FTE	Gender (M/F)	HEW	Person ID #	Highest Degree	Other Education	Related Exp (Yrs+months)	Combined Educ/Exp	Current Pay Rate (Annual or Hrly Rate)	Equity Adjustment