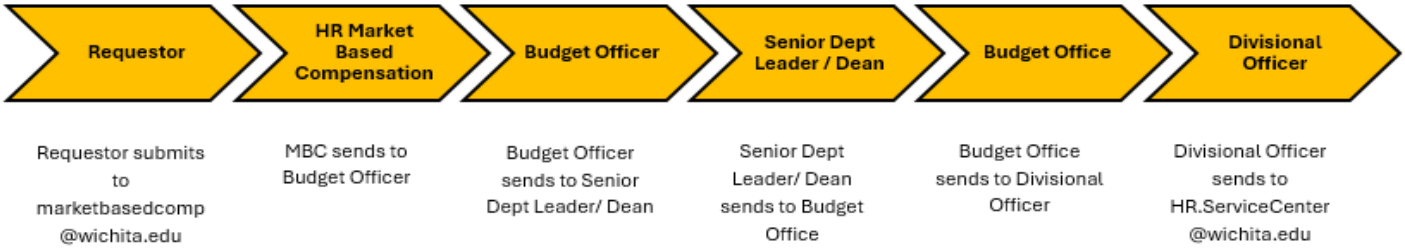
WICHITA STATE UNIVERSITY

BASE PAY ADJUSTMENT REQUEST

This form is utilized to request a base pay adjustment outside of the annual compensation cycle. Base pay adjustments outside of the annual compensation cycle should be rare. The leader may consult the Compensation Administration Guidelines for guidance.



Note: The action requestor should be carbon copied (cc) in all e-mails throughout each step of the approval chain.

Description of Request

Date of Request:	Requestor:
Org #	Org Name:
Employee Name:	myWSU ID:
E-Class/FLSA Status: Choose From List	Position Number:
Position Job Code:	Position Title:

Is this change Permanent or Temporary? Select Answer (Effective date should be pay period start date)

Effective date of pay change:	If Temporary, End Date (required):

Current and Proposed Pay (provide hourly rate if non-exempt OR base salary without stipends if exempt)

Current Pay:	
Proposed Pay:	% Increase (Proposed Pay/Current Pay):
Approved Pay (if different than Proposed):	

Describe any pay increases or additional compensation the employee has received in the last 12 months:

Reason for Request and Justification: (i.e., external demand for job is high and critical for business continuity; employee assuming significant (25% or greater) permanent additional responsibilities not considered a promotion; etc.) If request is not approved, describe any negative consequences or alternate plans that you would implement.

How would this request be funded? Please include the organization and fund below for the pay increase request, with the percentage of funding if the position is split-funded.

If grant funded, Post Award approval is required. Is this position grant funded: Select Answer
If yes, please indicate who reviewed/approved the request:

Market Based Compensation Comments:

Senior Leader/Dean Comments:

Budget Comments:

Divisional Officer Comments: (if backdated/retro pay change was requested, indicate approval here)

Signatures/Approvals: I support this request based on my determination that resources are being fully and appropriately utilized in this unit. (If you are the signatory for multiple lines, please sign each applicable line.)

REQUESTOR	DATE
HR COMPENSATION (Review of request has been completed)	DATE
BUDGET OFFICER	DATE
SENIOR DEPT LEADER/DEAN (A proxy is not permitted to sign on your behalf)	DATE
BUDGET OFFICE	DATE
DIVISIONAL OFFICER (President, Executive VP & Provost, SVP Administration Finance & Operations)	DATE

HR Operations (confirmation of data entry labor percentages):

Position Number	Fund	Org	Account	$ Amount	Labor %

HR Operations Comments: