

OFF-CYCLE 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.



Description of Request

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

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

Effective date of pay change:	If Temporary, End Date (required):
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Current and Proposed Pay (provide hourly rate if non-exempt OR base salary without stipends if exempt)

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

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

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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.

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How would this request be funded? Please include organization and fund below.

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

Market Based Compensation Comments:

Is Divisional Officer approval required (outside compensation administration guidelines)?

Budget Comments:

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
_____ UNIVERSITY BUDGET OFFICE	_____ DATE
_____ BUDGET OFFICER	_____ DATE
_____ BUDGET REVIEW OFFICER	_____ DATE
_____ VICE PRESIDENT (if applicable)	_____ DATE
_____ DIVISIONAL OFFICER (if required based on MBC Comments) (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: