

CAREER-BANDING SALARY DECISION WORKSHEET



Please complete this worksheet justifying new hire salary or any salary change for current employee. For more detailed instructions please contact your Human Resources Manager or Salary Administration Specialist.

Applicant/Employee Name & Personnel Number:	
Current Position Number: (8 digit no.)	New Position Number: (8 digit no.)
Current Banded Class Title & Position Level:	Recommended Class Title & Position Level: (if applicable)
Current Division, Facility or School	Recommended Division, Facility or School
Current Employee Competency Level:	Recommended Employee Competency Level: (if applicable)
Advertised Salary Range (if applicable):	Effective Date:

I. RECOMMENDATION: *(Current salary should reflect the individual's salary if a State employee or last salary if employed outside of State government.)*

Current Salary	Recommended Salary	% Change

II. JUSTIFICATION: *(Explain the reason for the salary decision including competency assessment information and relevant pay factors. Explain how the pay factors affect the decision. Attach a copy of the completed competency assessment and the aggregate leveling form.)*

EDUCATION/DEGREE:

PAY FACTORS:

- **Financial Resources:** Assess the amount of funding that is available.
- **Appropriate Market Rate:** The market rate is applicable to the functional competencies demonstrated by the employee.
- **Internal Pay Alignment:** Review the alignment of salaries among employees who demonstrate similar required competencies in the same banded class within a work unit or organization.
- **Required Competencies:** Review the required competencies and associated levels that are required based on organizational business need and demonstrated on the job. The pay factor includes: knowledge, skills, abilities, and behaviors; related education and experience; duties and responsibilities; training, certifications and licenses required for the job.

III. HUMAN RESOURCES ONLY TO COMPLETE SECTION III:

BEACON Processing Information: *(Please reference BEACON "PA Actions & Reasons Definitions" Job Aid)*

Action _____ Reason _____

Please attach Salary Decision Worksheet, Aggregate Leveling Form and Competency Assessment (If applicable) to PCR

Immediate Supervisor's Signature:		Date:	
Authorizing Signature or Designee:		Date:	
HR Manager's Signature:		Date:	