

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO REQUEST FOR SALARY REVIEW

Please submit completed form to: [HSC Compensation El Paso](#)

Log No. _____

EMPLOYEE NAME _____ R# _____ POSITION # _____
CURRENT TITLE _____ POSITION CLASS CODE _____
DEPARTMENT _____ HOME ORG _____
DEPARTMENT CONTACT _____ E-MAIL _____ PHONE _____

***Employee's overall performance EVALUATION FOR CALENDAR YEAR must be 4.0 or greater.**

***Employee must be in current position for 6 months or more.**

PROPOSED SALARY _____ PROPOSED EFFECTIVE DATE _____

CIRCUMSTANCES AND JUSTIFICATION FOR REVIEW (additional sheets and/or PD may be attached.)

APPROVAL FOR COMPENSATION TO CONDUCT SALARY REVIEW (Signatures must be present prior to conducting review)

EMPLOYEE'S SUPERVISOR _____ DATE _____

DEPT HEAD/ADMINISTRATOR _____ DATE _____

DEPT CHAIR/DEAN _____ DATE _____

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HR USE ONLY

CURRENT SALARY _____ DATE OF LAST INCREASE _____

PG MIN _____ PG MID _____ PG MAX _____

ACTUAL LOW _____ ACTUAL MEDIAN _____ ACTUAL HIGH _____

_____ EMPLOYEE DOES NOT MEET ELIGIBILITY CRITERIA FOR AN INCREASE PER SALARY ADMINISTRATION POLICY

_____ THE COMPENSATION SECTION CAN SUPPORT AN INCREASE NOT TO EXCEED _____

_____ THE EMPLOYEE IS PAID APPROPRIATELY. THE COMPENSATION SECTION CANNOT SUPPORT AN INCREASE

_____ THE COMPENSATION SECTION RECOMMENDS A JOB AUDIT TO VERIFY PROPER CLASSIFICATION

COMPENSATION REVIEWER _____ DATE _____

BUDGET _____ DATE _____

AVPHR/EXECUTIVE DIRECTOR _____ DATE _____

VP FINANCE & ADMINISTRATION _____ DATE _____

PRESIDENT _____ DATE _____

Note: Salary increase will become effective at the beginning of the first payroll period following the final approval date.

COMMENT: _____
