

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

Please submit completed form to: [HSCCOMP-El Paso](#)

Log No. _____

Employee Name _____	R# _____	Position # _____
Current Title _____	Position Class Code _____	
Department _____	Home Org _____	
Department Contact _____	E-Mail _____	Phone _____

* Employee's most recent performance evaluation on file must have a score of 4 or greater in each section and as an overall rating.

* Employee must be in current position for 6 months.

Proposed Salary _____ Proposed Effective Date _____

Circumstances and Justification for Review (additional sheets and/or PD may be attached)

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Department Use Only

Department Head: _____ Date: _____

Fund Manager: _____ Date: _____

Executive Management: _____ Date: _____

Note: The job effective date will begin the first payroll period following the final approval date.

HR Compensation: _____ Date: _____

Assistant VP Human Resources: _____ Date: _____

Budget: _____ Date: _____

VP Finance and Administration (CFO): _____ Date: _____

President: _____ Date: _____

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 proposed amount.

____ The employee is paid appropriately. The compensation section cannot support an increase.

____ The compensation section recommends a job audit to verify proper classification.

Comments:
