

# FACILITIES & SAFETY COMPENSATION REQUEST FORM (CRF)

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**REQUEST:**

Reclassification/Promotion  
Requested Classification: \_\_\_\_\_  
Temporary Pay Increase (%): \_\_\_\_\_  
Expiration Date : \_\_\_\_\_  
OPS Increase (\$): \_\_\_\_\_

FLSA Compliance  
One Time Performance Payment (\$): \_\_\_\_\_  
Special Pay Increase ( %): \_\_\_\_\_  
Additional/Higher level Duties: \_\_\_\_\_  
Merit: \_\_\_\_\_  
Internal Equity/Compression: \_\_\_\_\_  
Market Increase: \_\_\_\_\_

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**EMPLOYEE INFORMATION:**

Employee's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Benefit Rate % (Format: 1.00): \_\_\_\_\_

Annual Rate: \_\_\_\_\_  
Annual Rate + Benefits: \_\_\_\_\_  
Recommended Annual Rate: \_\_\_\_\_  
Recommended Annual Rate + Benefits: \_\_\_\_\_

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**BUDGET & FUNDING INFO:**

Primary Funding Source: \_\_\_\_\_  
Percentage (if split): \_\_\_\_\_  
Secondary Funding Source: \_\_\_\_\_  
Percentage (if split): \_\_\_\_\_

Increase to Base Annual Rate: \_\_\_\_\_  
Increase to Annual Rate with Benefits: \_\_\_\_\_

Budget Available: Y N If "No" is selected, please explain below.

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**SIGNATURES:** By signing as the Requestor, I confirm that my department's budget can sustain this request.

Requestor: _____	Date: _____
Director: _____	Date: _____
Assoc. Director, Business Office: _____	Date: _____
Associate VP: _____	Date: _____