

FACILITIES & SAFETY COMPENSATION REQUEST FORM (CRF)

REQUEST:

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

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

EMPLOYEE INFORMATION:

Employee's Name: _____
Department: _____
Position Title: _____
Benefit Rate % (Format: 1.00): _____
A&P=1.36; USPS = 1.49; OPS Non-student = 1.11; OPS Student = 1.02

Annual Rate: _____
Annual Rate + Benefits: _____
Recommended Annual Rate: _____
Recommended Annual Rate + Benefits: _____

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.

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: _____