

No. _____

SALARY PROPOSAL REQUEST FORM

INSTRUCTIONS: Submit only one proposal per form. Each proposal should contain specific justification as requested below. Proposals requiring Mayoral review must be submitted to the Human Resources Department by **July 6, 2020**. All proposals must be forwarded to the Personnel Department no later than **July 13, 2020**. **LATE PROPOSALS WILL NOT BE ACCEPTED.** Individual employees **cannot** submit a proposal for their own position or on behalf of a group of employees or an entire classification.

PROPOSAL: Please indicate the type of salary proposal by placing a check in the appropriate box below.

Special salary adjustment for existing classification(s):

List classifications(s) _____

Current Monthly Salary (Step E) _____ Percentage of Adjustment _____

Basis for adjustment: (Check appropriate box[es] below and attach additional pages as needed.)

- Significant change in duties and responsibilities (Please describe in detail.)
- Inappropriate supervisory differential.
- Turnover (Indicate the number of individuals who have left along with names, dates, and reasons for leaving, if possible.)
- Recruiting problems (Provide a detailed explanation of problems experienced.)
- Other _____

New Classification:

Proposed classification title _____ Proposed monthly salary _____

Basis for request: Explain below why a new classification is necessary and how the duties of the proposed new class differ from those of existing classes.

Deletion of Existing Classification:

Classification title _____

Basis for request: Explain below why this classification is no longer needed.

Title Change:

Current title of classification _____

Proposed new title _____

Basis for request: Explain below why the proposed title is more appropriate than the current title.

SUPPORTING JUSTIFICATION FOR PROPOSAL: It is your responsibility to provide detailed and specific documentation to support this request. Unless detailed justification is submitted to support each of the items checked above, the Civil Service Commission may deny the request to study the proposal. Attach additional pages if more space is needed.

Proposed by: (Please print name) _____

Title _____

Date _____

Department Head or Employee Organization _____

Signature _____

Date _____