

**State of Idaho**

**Compensation Request Form**

**Purpose:** To request a temporary or permanent employee salary increase or bonus payment. This form is not for annual change in employee compensation (CEC) requests.

**Routing:** This form is to be completed by agency HR representative in conjunction with supervisor and agency fiscal representative; approved by agency appointing authority, then routed to DHR and DFM for approvals.

**Employee Information**

|  |  |
| --- | --- |
| Employee Name: Click or tap here to enter text.  | Date: Click or tap here to enter text. |
| Employee PCN: Click or tap here to enter text.  | Agency: Click or tap here to enter text. |
| Classification Code: Click or tap here to enter text. | Agency Contact #: Click or tap here to enter text. |
| Classification Title: Click or tap here to enter text. | Form Completed By: Click or tap here to enter text.  |

\*If this form is being completed for multiple employees, attach a spreadsheet with the information outlined in this form.

**Type of Request**

Please refer to DHR Policy Section 1: Compensation and Idaho Statute 67-5309, Idaho Statute 59-1603 and IDAPA 15.04.01.070-075

|  |  |
| --- | --- |
| [ ]  Permanent Equity Adjustment Increase | [ ]  Recruitment Bonus |
| [ ]  Permanent Merit Increase  | [ ]  Retention Bonus |
| [ ]  Temporary Merit Increase  | [ ]  Employee Suggestion Bonus |
| [ ]  Performance Bonus  | [ ]  Other: Click or tap here to enter text.  |

**Salary Request Summary**

|  |  |
| --- | --- |
| **Current Salary Information**  | **Proposed Salary Information** |
| Current Salary: Click or tap here to enter text.  | Salary or Bonus Amount: Click or tap here to enter text.  |
| Pay Grade: Click or tap here to enter text.  | Increase (%): Click or tap here to enter text.  |
| Compa- Ratio (%): Click or tap here to enter text.  | Compa- Ratio (%): Click or tap here to enter text.  |
| Proposed Effective Date: Click or tap here to enter text. | Proposed End Date: Click or tap here to enter text.  |

**Justification**

1. Describe justification for the request.
2. How did you determine the amount of the salary adjustment? (Include details regarding comparators that were used, others in the classification, reporting structure, internal/external equity, budget constraints, etc.)

**Attach Supporting Documentation (As Applicable)**

[ ]  Organization Chart

[ ]  Proposed Memorandum of Understanding (MOU) for Recruitment/Retention Bonus

[ ]  Other: Click or tap here to enter text. (supporting documentation used to answer Justification #2)

**Fiscal Impact**

1. What is the annual fiscal impact of this request (list all fund numbers and amounts)?
2. Does this fit within your existing budget? [ ]  Yes [ ]  No
	1. If no, what is your plan to fund this increase or bonus?
3. If this is for a performance bonus, does it fall under the 20% cap per fiscal year? [ ]  Yes [ ]  No [ ]  N/A

**Agency Approval**

|  |  |
| --- | --- |
| Supervisor: Click or tap here to enter text. | Date: Click or tap here to enter text. |
| HR Representative: Click or tap here to enter text. | Date Click or tap here to enter text. |
| Fiscal Representative: Click or tap here to enter text. | Date: Click or tap here to enter text. |
| Appointing Authority: Click or tap here to enter text. | Date: Click or tap here to enter text. |