

**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 manager 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.  | Job Number: Click or tap here to enter text. |
| Employee ID: Click or tap here to enter text. | Job Name: Click or tap here to enter text. |
| Employee Position #: Click or tap here to enter text. | Agency Contact #: Click or tap here to enter text. |
| Agency: 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 Pay Rate: Click or tap here to enter text.  | Salary or Bonus Amount: Click or tap here to enter text.  |
| Salary Structure 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. **Permanent Increases** - What is the budgeted salary and benefits information if approved? (Please include this information in the Provide Other Information Helpful In Understanding This Position section of the action if approved)

Budgeted Salary (total annual salary):

Benefits (total health and variable benefits):

1. Does this fit within your existing budget? [ ]  Yes [ ]  No
	1. If no, what is your plan to fund this increase or bonus?
2. If this is for a performance bonus, does it fall under the 20% cap per fiscal year? [ ]  Yes [ ]  No [ ]  N/A

**Agency Approval**

|  |  |
| --- | --- |
| Manager: 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. |