

University of Nebraska at Kearney

Salary Determination Form

General Information

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|----------------|--------------------|------------------|
| Date: | Working Job Title: | Position #: |
| Employee Name: | Title Code: | Department Name: |

Justification for Salary Decision *Note: Provide sufficient detail to clearly show reasons for salary decision.*

Type of Salary Action

- New Hire
- Transfer

New Hire/Transfer Salary Information

Proposed hiring rate: \$ _____

Actions requiring HR consultation/review prior to effecting action:

- Temporary Responsibility pay (limited to 20%)
- Voluntary Reduction

Actions requiring HR approval prior to effecting action:

- Demotion
- Market Adjustment
- Equity Adjustment
- Other: _____

Salary Change Information

Old rate of pay: \$ _____ New rate of pay: \$ _____ Percentage change: _____ %

Effective Date: _____ Stop date: _____ Center/WBSA

Requestor: I have consulted with HR regarding this salary action. YES NO

Requestor and Designated Unit Authority: I certify that the process used to determine this salary was made in accordance with Human Resources guidelines, FLSA, Title VII of the Civil Rights Act of 1964, ADA and other employment laws and regulations

Signatures:

Requestor (Supervisor/Manager): _____ Date: _____

Dean/Director Approval(s): _____ Date: _____

Vice Chancellor/Chancellor Approval: _____ Date: _____

Budget: _____ Date: _____

Human Resources : _____ Date: _____

Obtain all approval signatures and forward this form to HR, 1200 Founders prior to submission of Requisition and/or PAF.