

**TEXAS TECH HEALTH SCIENCES CENTER  
REQUEST FOR SALARY REVIEW**

*Use of this form is to request a review; it does not imply approval of a request for a salary increase. A completed salary review must accompany an ePAF for a salary increase for the ePAF to be processed. Please send completed form to [hsccomp@ttuhsc.edu](mailto:hsccomp@ttuhsc.edu)*

EMPLOYEE NAME _____	R# _____	POSITION # _____
CURRENT TITLE _____	POSITION CLASS _____	
DEPARTMENT NAME/CAMPUS _____	ORG CODE _____	
SUPERVISOR _____	Email _____	Phone _____

**REASON FOR REVIEW**

SALARY COMPRESSION/EQUITY _____	COMPLETION OF TNG _____	OTHER _____
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**CIRCUMSTANCES AND JUSTIFICATION FOR REVIEW (additional sheets and/or PD may be attached.)**

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<b>APPROVAL FOR HR TO CONDUCT SALARY REVIEW (Signatures must be present prior to conducting review)</b>	
EMPLOYEE'S SUPERVISOR _____	DATE _____
DEPT HEAD/ADMINISTRATOR _____	DATE _____
DEPT CHAIR/AVP/DEAN _____	DATE _____

**HR USE ONLY**

REGIONAL CAMPUS REVIEW _____	DATE _____
WAGE & SALARY REVIEW	
CURRENT SALARY _____	DATE OF LAST INCREASE _____
PG MIN _____	PG MID _____ PG MAX _____
ACTUAL LOW _____	ACTUAL MEDIAN _____ ACTUAL HIGH _____
<input type="checkbox"/> THE WAGE & SALARY SECTION CAN SUPPORT AN INCREASE NOT TO EXCEED _____	
<input type="checkbox"/> THE EMPLOYEE IS PAID APPROPRIATELY. THE WAGE & SALARY SECTION CANNOT SUPPORT AN INCREASE.	
<input type="checkbox"/> THE WAGE & SALARY SECTION RECOMMENDS A JOB AUDIT TO VERIFY ITS CLASSIFICATION.	
REVIEWER _____	DATE _____
AVPHR _____	DATE _____
<b>COMMENTS</b>	