

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

Log No \_\_\_\_\_

*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 outside of the budget cycle. 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 _____

*Note: New salary will become effective at the beginning of the first payroll period following the first approval date*

<b>REASON FOR REVIEW (Employee's overall performance rating for previous calendar year must be greater than 4.)</b>		
SALARY _____	COMPLETION OF TNG _____	NEW CERTIFICATION _____
COMPRESSION/EQUITY _____	CORRECTION TO SALARY _____	
CHANGE IN JOB DUTIES _____		
PROPOSED SALARY _____		EFFECTIVE DATE _____

**CIRCUMSTANCES AND JUSTIFICATION FOR REVIEW (additional sheets and/or PD may be attached.)**

<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 _____

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**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	
EMPLOYEE'S PERFORMANCE EVALUATION FOR CALENDAR YEAR			IS NOT GREATER THAN 4
THE WAGE & SALARY SECTION CAN SUPPORT AN INCREASE NOT TO EXCEED			
THE EMPLOYEE IS PAID APPROPRIATELY. THE WAGE & SALARY SECTION CANNOT SUPPORT AN INCREASE.			
THE WAGE & SALARY SECTION RECOMMENDS A JOB AUDIT TO VERIFY ITS CLASSIFICATION.			
REVIEWER		DATE	
AVPHR		DATE	
PRESIDENT		DATE	
<b>COMMENTS</b>			