In accordance with BOR Policy 8.2.24 (Policy on Salary Administration and Incentive Rewards Program) and effective October 1, 2017, cumulative fiscal year adjustments greater than or equal to ten percent above the percentage increase authorized in the Board’s annual salary and wage administration policy must be approved in advance by the Chancellor.

For example, the standard maximum percentage increase authorized may be 3%. In that instance, a cumulative fiscal year increase for an employee making $50,000 may not exceed 13% using the original salary to calculate the increase, i.e., greater than a $6500 increase.

This form is provided to facilitate the process for an Institution to request consideration of an Advanced Salary Adjustment for approval. Please contact USG Office of Human Resources via email at usg-hr@usg.edu for assistance.

**REVIEW PROCESS (TO BE COMPLETED BY INSTITUTIONAL Human Resource Office)**

Request for salary adjustments that are greater than or equal to ten percent above the percentage increase authorized by the Board’s annual salary and wage administration policy within a fiscal year must be submitted in writing to the institution’s Human Resources Director by the Dean/Director of the requesting Department. The written request must include justification that explains in detail the purpose and amount of the pay requested and must address all of the applicable factors. The source and availability of the funds to be used for the pay increase must also be identified in requests. The request must also include evidence that the request is supported by the Dean's/Director's supervisor(s) including the appropriate Vice President, Vice Chancellor or Executive Officer.

The Human Resource Office should conduct an independent analysis of salary survey, recruitment, and turnover statistics; compile and analyze any additional information considered beneficial; and determine whether there is sufficient justification for the request. If the pay request is for the purpose of mitigating problems with recruitment and retention, the campus Human Resource Office must verify the recruitment and retention problems exist.

Upon completion of the evaluation by the Human Resource Office, the request should be submitted to the President or designee for consideration. Only approved requests with substantiating documentation and approval signatures should be submitted to the Chancellor for consideration and approval.

To facilitate this process, this online form must be completed and submitted along with relevant documentation. The USG Vice Chancellor of Human Resources will consult the Chancellor on all requests submitted for his consideration and approval.

A minimum of 30 days advance notice is required on all requests to the Chancellor. A notice of approval must be received by the Institution prior to any communication or promise of increase to the employee.

In accordance with Board Policy, the decision of the University System of Georgia shall be final and may not be appealed.
HRAP Advanced Salary Adjustment Request for Approval Form

Reason for Request

This increase request is to address (Please select item below and attach relevant documentation):

<table>
<thead>
<tr>
<th>Reason for Request</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Equity</td>
<td>Attach copy of salary report utilized to make this determination. Include information on affected and/or comparison groups.</td>
</tr>
<tr>
<td>Retention</td>
<td>Attach copy of offer letter and justification of critical skills impact to the institution.</td>
</tr>
<tr>
<td>Promotional Increase above the minimum of the new job grade or above the ten percent threshold</td>
<td></td>
</tr>
<tr>
<td>Market Adjustment</td>
<td>Attach copy of market analysis report.</td>
</tr>
<tr>
<td>Other</td>
<td>(i.e. In-Range Adjustment. Please attach justification along with relevant documentation.)</td>
</tr>
</tbody>
</table>

A minimum of 30 days advance notice is required on requests to USG. In extenuating circumstances priority consideration may be requested.

Please indicate if this request is time sensitive and provide a brief explanation below.

Explanation

Eligibility

To be eligible for an increase award, the employee must meet the following criteria:

- Successful completion of 6-month probationary period in current position
- Received a satisfactory or better rating on the most recent performance review on file in the Office of Human Resources.
- Have no active formal disciplinary actions.

HRAP Advanced Salary Adjustment Request for Approval Form

Required Signatures
I have reviewed the attached request and determined that the increase request meets the internal policies and criteria established to warrant the recommend adjustment. I understand that this adjustment represents a cumulative fiscal year increase greater than or equal to ten percent above the percentage increase authorized in the Board’s annual salary and wage administration policy and must be approved in advance by the Chancellor.

Required Signatures: (Signatures indicate support for this pay exception and confirmation that this pay exception will not result in salary equity issues, budget deficiencies, or request for supplemental funds.) The request must be approved by USG prior to any communication or promise of increase to the employee.

Supervisor name ___________________________ Supervisor Signature ___________________________ Date ________________

Dept. Head, Director or Dean name ___________________________ Dept. Head, Director or Dean Signature ___________________________ Date ________________

Chief HR Officer name ___________________________ CHRO Signature ___________________________ Date ________________

Chief Business Officer name ___________________________ CBO Signature ___________________________ Date ________________

President or Designee name ___________________________ President/Designee Signature ___________________________ Date ________________

**USG CERTIFICATION**

Decision: ☐ Approved ☐ Denied

Additional Comments (if applicable):

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Vice Chancellor of Human Resources Signature

(As Designee of the Chancellor) ___________________________ Date