

OPTIONAL PAY ADJUSTMENT QUESTIONNAIRE FOR ADDITIONAL DUTIES

Employee Name: _____ Social Security No.: _____

Job Title: _____
(if the employee is on detail, please include both the detail position and the home position)

Department: _____

Agency/Division: _____

Pay Level/Range: _____ Employee's Salary: _____

Level of Work on Job Specification: _____

Percent Adjustment Requested: _____

Type of Adjustment: Lump sum Temporary Base Pay

Effective Date: _____
Normally the effective date should be the date of the Commission meeting.

Requested Effective Date: _____
If you are requesting a date other than the Commission date, it should be set within the parameters established in the HR Newsletter entitled "Donations and Pay" issued by Robert Boland on 2-11-04.

1. What are the additional duties?

2. Has the job description been updated? No Yes

3. Were any duties removed to facilitate this new duty? No Yes If so, which ones?

4. Is (are) the duty(ies) permanent or temporary?

5. What percentage of time are the additional duties allocated?

6. Would you consider the duties to be lower, higher or the same level as the duties performed in the current job? This answer may include an assessment from the employee's manager, but must include HR's assessment if a delegated agency.

7. Does this result in some savings for the agency? No Yes If so, how? What are the projected dollar savings?

8. Will the employee have to learn new skills and/or competencies? No Yes
If so, please explain.

9. Many jobs evolve over time, due to procedural differences and technology changes, mostly. How are these duties different from a natural evolution of the job?
10. If this request is for an adjustment of over 5%, what is your rational business reason for requesting a higher amount?
11. Has the employee received an Optional Pay increase before? If so, please list dates and reasons.
12. If the employee is not an Administrator, has the agency made all allowable payments under the agency policy?