

Career Development Initiative SOM HR Salary Adjustment Request Form

Please fill out the below form and return to the employee's Departmental SOM HR representative to proceed with salary adjustment requests. This form must be received by the Departmental HR representative within 10 business days of the receipt of the CRAU's CDI mapping close out letter receipt to ensure review by the HR action date listed on the letter.

Department Information

Department Name:

Department Number:

Employee Information

Name:

PID:

Highest Degree Earned:

Years of Related Experience:

Proposed New Salary:

I attest that the department listed above is aware of and approves this salary adjustment request. I understand that salary adjustments are subject to a separate review through normal policies and procedures, and that the Career Development Initiative does not guarantee salary adjustments as part of this process.

Supervisor Signature:

Date: