

# Compensation Adjustment Request

# Rationale Memo

**To:**

**CC:**

**From:**

**Date:**

## Compensation Adjustment Request Summary

Employee:		E-Class:		Position#:	
Requested Amount:		Reason:			
Funding Source					
Fund:		Org:		Account:	

Rationale Summary (please attached supporting documentation)

# Compensation Adjustment Request

# Rationale Memo

Immediate Supervisor	Date		Grants Accounting, if applicable	Date
Director, Compensation and Employment	Date		Dean/Dept Head/Director	Date
Divisional Executive	Date		President	Date