

UCSD Implementing Procedures
PPSM 30: Compensation
Appendix A: Equity Increase Justification and Approval Record *(Must be submitted to Human Resources Compensation, Mail Code 0922)*

Please print or type.

Employee Name _____ Employee ID _____
 Department _____ Effective Date _____
 Old Rate _____ New Rate _____
 Approved by _____

(Name and Title)

Date Approved: _____ **Phone:** _____

Reason for Equity Increase *(Check one or more of the following categories)*

_____ **Internal inequity between employees with comparable job responsibilities**
(List Names, Grade and Salary)

Name	Grade	Salary

_____ **Assignments of higher-level functions or other significant job duties not part of the employee's current job description that do not warrant reclassification to a higher salary grade.** *(Attach updated job description.)*

_____ **Position-related certification that adds value to the position** *(Attach certification)*

_____ **External market factors** *(must be validated by HR Compensation staff)*

Survey source: _____

Market rate: _____

_____ **Retention** *(Attach the written job offer for the same or comparable compensation level)*

_____ **Salary compression between a lead and/or supervisor and their employees**
(List the employee names, grade and salary where the compression exists)

Employee Name	Grade	Salary

UCSD Human Resources Department
August 17, 2015