University of Washington | Human Resources

### SALARY ADJUSTMENT – RECRUITMENT/RETENTION

**Do not use this form for CEGP steps.**

**For instructions on completing this form in MS Word see:** [**http://www.washington.edu/admin/hr/forms/instructions.html**](http://www.washington.edu/admin/hr/forms/instructions.html)

**INSTRUCTIONS:** This form is for requesting recruitment and retention adjustments only, as provided below. Send completed form, including all required signatures, to your Human Resources office. These adjustments apply to Classified Non-Union and to Contract Classified staff job classes (2000-8999).

|  |
| --- |
| section I – to be completed by employing department |
| Employee Last Name:       | First Name:       | Middle:       | Department:       |
| Job Title:       | Job Code:       |  FTE %:       |
| Salary Range:       | Current Step:       |  Recommended Step:       |
| Effective Date for Recruitment/Retention Increase       (may be no earlier than 2 pay periods before date signed by Appointing Authority) |
| **POLICY:** SALARY ADJUSTMENT – RECRUITMENT AND RETENTION (CLASSIFIED NON-UNION AND CONTRACT CLASSIFIED POSITIONS)In accordance with Washington Administrative Code (WAC) and Contract Classified Labor Contracts, an in-range adjustment (additional increment increase) may be made to address issues related to recruitment and retention (e.g., equity, alignment, competitive market conditions).Adjustments may not exceed the top automatic increment step of the range. Within the range, the adjustment may be one or more steps, depending on the nature and severity of the situation. Such adjustments do not affect the employee’s periodic increment date.Reasons for the adjustment must be documented in writing on this form and must be approved by the Appointing Authority. The Appointing Authority may establish additional levels of internal review. |
|  |
| section II – STATEMENT in support of adjustment |
| Include specific reasons why the employee should receive a Recruitment/Retention Adjustment.      |
| Name of Supervisor (print or type):       | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: mm/dd/yyyy |
| Name of Appointing Authority (print or type):       | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: mm/dd/yyyy |

**Distribution:** Make 4 copies – Mark each as “copy”

One copy each for Human Resources, Department, Employee

|  |
| --- |
| hr operations offices |
| **Harborview Medical CenterMedical Centers Human Resources**325 Ninth AvenueSeattle, WA  98104-2499Box 359715Voice: (206) 744-9220 Fax: (206) 744-9955 | **UW Medical Center Operations**BB150 UWMCBox 3560541959 NE PacificSeattle, WA 98195Voice: (206) 598-6116 Fax: (206) 598-4610 | **Campus HR Operations** UW Tower C-1Box 3595324333 Brooklyn Ave NESeattle, WA 98195-9532Voice: (206) 543-2354 Fax: (206) 685-0636 |