

# TEMPORARY SALARY ADJUSTMENT FORM

Employee: \_\_\_\_\_ CWID: \_\_\_\_\_

Department: \_\_\_\_\_ Account #: \_\_\_\_\_

Current Salary: \_\_\_\_\_ TSA Amount: \_\_\_\_\_ %: \_\_\_\_\_

TSA Effect Date: (cannot exceed 12 months) \_\_\_\_\_

**Justification Required.** Please attach:  
 Memo  Other supporting documentation for this request.

Submitted: \_\_\_\_\_ Approved: \_\_\_\_\_  
Dept. Authorized Signature Date Sr./Vice President Date

## For Human Resources Use Only

Class Code/Slot: \_\_\_\_\_ Position Number: \_\_\_\_\_ Band/Level: \_\_\_\_\_

CofC Service Date: \_\_\_\_\_ State Service Date: \_\_\_\_\_ Job Date: \_\_\_\_\_

% Above Current Salary: \_\_\_\_\_ State Average for Class: \_\_\_\_\_  
C of C Average for Class: \_\_\_\_\_ TSA Amount: \_\_\_\_\_  
TSA Effective Start Date: \_\_\_\_\_ TSA Ending Date: \_\_\_\_\_

Comments:

Approved: \_\_\_\_\_  
Director of Human Resources Date President Date

Disapproved: \_\_\_\_\_  
Director of Human Resources Date President Date

Approved: \_\_\_\_\_  
State Human Resources Representative Date