



## 6.5(g) Personnel Adjustment Request

Civil Service Rule 6.5(g) states the salaries of all current probational, job appointment, and permanent employees who occupy positions in the same job title and who possess the same or equivalent qualifications/credentials may be adjusted up to but not to exceed the amount of the percent difference between the special hiring rate and the regular hiring rate provided that the qualifications/credentials are also verified and documented as job-related and that the rate is implemented in accordance with written policies and procedures established by the department; such policies shall be posted in a manner which assures their availability to all employees. Such adjustments shall only be made on the same date the higher pay rate is given to the newly hired employee.

Departments must use this form to outline the necessary information related to the employee(s) impacted by the 6.5g rate of a newly hired employee. The Office of Human Resource Management (HRM) may alter or disapprove the proposed pay rate in some circumstances (i.e., inequities or compression is created by the proposed rate). Departments are encouraged to contact HRM's Compensation unit at 578-8200 before submitting the form.

### New Employee Information:

New Employee's Name: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Requisition #: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

New Hire Pay Rate: \_\_\_\_\_

### Current Employee Information:

Impacted Employee's Name \_\_\_\_\_

Title of Position: \_\_\_\_\_

Current Rate of Pay: \_\_\_\_\_

\$ Difference: \_\_\_\_\_

Proposed % Increase: \_\_\_\_\_



**Justification:**

Please detail the equivalent or same job-related qualifications/credentials that can be considered for a 6.5(g) adjustment for the current employee impacted by the new hire rate.

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Department Head signature: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Signature: \_\_\_\_\_

**To be completed by HRM's Compensation Section**

Compensation pay rate approved: \_\_\_\_\_

Impact on other positions, if applicable: \_\_\_\_\_

Compensation Consultant signature: \_\_\_\_\_

Date of approval: \_\_\_\_\_