

Compensation Change Form

BGSU Employee Information:

BGSU ID

Employee Name (Please print)

Effective Date

Salary Change Information:

Annual Increase (amount above Board of Trustee
increase)*
Salary Decrease*

Salary Market Adjustment
Internal Compression/Salary Inversion
Other*

Any choice checked with an "" must be accompanied by completing the rationale section below*

Percentage Salary Change _____ % **or** Dollar Amount Salary Change \$ _____

Current Salary Amount: \$ _____

New Amount: \$ _____ per hour **or** \$ _____ per year

*Rationale (please attach additional paper if needed)

Signature Approvals:

Supervisor/Contracting Officer

Date

Contracting Officer (if different than work assignment)/Budget Officer

Date

Chief Human Resources Officer

Date

President (if above a 10% salary increase)

Date

Note: This form should be used to request a permanent salary change of any BGSU employee other than the annual increase approved by the Board of Trustees.