

Equity Increase Request

This form is a required document for Equity Increase ePAF processing. All fields are required. The effective date of this request must be the Sunday following the Agency Appointing Authority approval of ePAF in Edison. If the requesting agency has omitted pertinent information for DOHR to make the appropriate determination, this request may be recycled or returned to the requesting agency for additional information to be submitted before a final determination is made.

***Funding:** An approved F&A Salary Administration Plan must be submitted to DOHR with this request in order to verify funds are available.

Agency		Division/Program Area	
Employee Name		Proposed Effective Date	
Employee ID		Position Number	
Class Code		Current Base Salary (Salary as of Effective Date)	
Class Title		Proposed Salary	
Employee Status (Preferred/Executive)		Percentage Increase	
Pay Plan		Salary Grade	
Salary Range	Minimum	Midpoint	Maximum
Supervisor's Name		Supervisor's Salary	
Supervisor's Class Title		Supervisor's Employee ID	

If this equity request is based on the incumbent assuming the duties of a previous employee, please provide the following information.

Previous Employee's Name		Previous Employee's Employee ID	
Previous Employee's Class Title		Previous Employee's Salary	

Has the employee received an equity within 12 months of the requested effective date? If yes, explain.

Equity Increase Request

Is this request the result of additional permanent duties or to resolve an inequity between employees?

Describe in detail the current duties (not the additional duties) that are assigned to this employee and percentage of time for each duty.

Describe in detail the proposed additional duties assigned to the employee and percentage of time for each duty.

What are the circumstances leading to this request? (*who was performing these duties, where did that employee go, is this a new program, etc.*)

Equity Increase Request

Why was this employee selected to be assigned these additional duties?

If this request is based on an inequity, please explain the circumstances surrounding the inequity.

Provide justification on how the proposed salary percentage was selected.

***If this request is based on an inequity to other employees in the same class title or employees with equal experience and education, please attach a separate spreadsheet and include the following information of the employee and those in comparison: Employee name, employee ID, experience (if applicable), education (if applicable), current salary, current classification and any market salary data comparison.**

Required Documents

F&A Funding/Salary Admin Plan

Required Signatures

***Electronic signature approval via EPAF is acceptable in lieu of signature on document.**

Agency Human Resources Officer (Director)
(sign and date)

Agency Appointing Authority
(sign and date)

Commissioner, Department of Human Resources
(sign and date)