

Arizona State Personnel System  
**AGENCY SALARY CHANGE / ADOA NOTIFICATION FORM**

The purpose of this form is to provide supporting documentation for the Salary Change Request strategies available under the Arizona State Personnel Compensation Guidelines. **To support the approval process, attach a copy of all supporting documentation AND use the Agency Comments and Justification section for justification.** See the Compensation Guidelines for additional information on request types, criteria and eligibility. Forward a copy of this form with required signatures at least ten days prior to the action effective date.

Agency Name

Employee Name

EIN

Current Job Title

Current Job Grade

Current Job Code

Proposed Job Title

Proposed Job Grade

Proposed Job Code

Current Position Number

Proposed Position Number

Employee's Current Salary

Date of Last Salary Increase

Proposed Effective Date

Current Performance Evaluation Score

Salary Range - Min

Salary Range - Mid

Salary Range - Max

SALARY CHANGE REQUEST FOR AGENCY APPROVAL - Select the applicable salary change request type and provide salary information.

**New Hire**

**Promotion**

**Demotion**

**Lateral Transfer**

**Position Reallocation**

Proposed Salary

**Counter Offer**

Proposed Counter Offer Salary

Verifiable Job Offer

Yes

No

*In Agency Comments and Justification, identify employee's critical or strategic skills, impact to services by having a vacant position and the cost to replace and train a new employee. Include the job title being offered.*

**Special Assignment** (Supplemental Pay/  
Stipend with No Adjustment to Base Salary)

Proposed Supplemental Amount

SALARY CHANGE REQUEST FOR AGENCY APPROVAL AND ADOA NOTIFICATION

**In-Grade Adjustment**

Proposed Salary

*Refer to the In-Grade Salary Adjustment Worksheet for criteria to consider when using this salary change request type. Agency may require submission of the Worksheet. **Note:** In-Grade Adjustment requests require ADOA notification.*

SALARY CHANGE REQUEST FOR ADOA-HRD APPROVAL - Select the applicable salary change request type and provide salary information.

**Equity Adjustment**

**Hiring Incentive** Proposed Salary

**OR** amount

**Manifest Error** - Use Agency Comments and Justification section to describe how error occurred.

Corrected Salary

**OR** amount to be adjusted

Agency Comments and Justification

Agency Chief Human Resources Officer (CHRO) Review/Comments

|                    |     |    |                       |      |
|--------------------|-----|----|-----------------------|------|
| ADOA Review        | Yes | No |                       |      |
| Recommend Approval | Yes | No | CHRO Signature        | Date |
| Approve            | Yes | No | Agency Head Signature | Date |

ADOA USE ONLY - Human Resources Division

ADOA Approval Signature

Date

Place form and any supporting documentation in the employee personnel file.