

## Administrative Staff 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\*  
 Other

- Salary Market Adjustment  
 Internal Compression/Salary Inversion

*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

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### \*Rationale (please attach additional paper if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 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 administrative staff employee other than the annual increase approved by the Board of Trustees.*