HILLSBOROUGH Community College

Full-Time Non-Faculty

WAGE/SALARY RECOMMENDATION

Part A **Request**

Employee Name		*ID Num (Do not use SSN)*
Position Number	*Position Title*	*Department*
Reason ☐ New Hire ☐ Promotion/Transfer	*Effective Date*	*Recommended Wage/Salary*

Justification

This request is being submitted in accordance with applicable administrative procedures.

Initiator Signature	*Date*	*Campus President/Vice President Signature*	*Date*

Part B **For Human Resources Use**

				Recommended	Approved	*HR Tech initials & date*
New Hire ➡	*Grade*	*Grade Minimum*		*% over Grade Minimum*	*% over Grade Minimum*	
Promotion / Transfer ➡	*Current Grade*	*Current Wage/Salary*	*Current Wage/Salary + 6%*	*% over Current Wage/Salary*	*% over Current Wage/Salary*	
	New Grade	*New Grade Minimum*	*New Grade Minimum +10%*	*% over New Grade Minimum*	*% over New Grade Minimum*	

Required approval authority

☐ Campus President / VP
☐ Director, HR
☐ President

Additional approval (if required)

Signature	*Date*

This form is required only when recommended salary / wage exceeds that prescribed by the applicable rule or procedure.