**SUPERVISOR’S WORKSHEET/PAW for**

**IN-BAND ADJUSTMENT REQUESTS**

1) **Current Employee Information**

Name Department Work title

2) **Required Documentation – (Strict compliance is required)**

*Attach a hard copy of the old EWP. Update the new EWP in Careers and enter new effective date.* Click for the instructions for modifying the position in Careers: [*Careers instructions*](http://adminfinance.umw.edu/hr/careers-2015/careers-manual/modifying-a-position/modifying-a-staff-or-ap-position/)

3) **Justification**:

1. Performance

An employee must have a rating of Contributor or higher to be eligible for an increase. A probationary employee must have 9 months of continuous employment and have a Contributor rating on the current interim evaluation. Does the employee have at least a Contributor rating on the last evaluation?

 Yes No

1. Job Duty Changes

 Describe in detail and give supporting facts on the following where applicable:

The new higher level duties (*increased* c*omplexity, discretion, scope and effect, change in supervision received, supervisory duties, new personal contacts: nature and purpose*):

The effective date of the new duties:

Percentage of time devoted to new duties (*please be sure to indicate on new EWP*)

Length of time the employee has been fully performing the new duties (at least 6 months)

Positive outcomes for department and agency

New or additional supervisory responsibility

1. If this in band adjustment results in any duties being transferred to or from other employees or salary inequities describe the impact and **your plan** for addressing these issues.
2. 13 Pay Factors – please check all that apply:

[ ] Agency Business Need [ ] KSA’s [ ] Salary Reference Data

[ ] Duties & Responsibilities [ ] Competencies [ ] Total Compensation

[ ] Performance [ ] Internal Alignment [ ] Budget Implications

[ ] Market Availability [ ] Long Term Impact [ ] Work Experience & Ed.

[ ] Current Salary

4) **Required Signatures** **and Approvals**

**Supervisor**

 Signature Date

**Designated In Band Supervisor**

 Signature Date

Approved for Cabinet VP Review: YES [ ]  NO [ ]

 Required

Declined: (if declined, describe reason)

**Cabinet Vice President**

 Signature Date

Approved for GLC: YES [ ]  NO [ ]

 Required

Declined: (if declined, describe reason)

Note to Designated Supervisors and Cabinet VP’s: Please submit ALL in-band requests to HR, including those that are not approved for GLC review.