

SALARY REDUCTION FORM

- Form used for voluntary and in-voluntary salary reductions

Employee Name:

EMPLID:

EMPLOYEE'S CURRENT INFORMATION

Department #:

Position #:

State Job Code:

State Job Title:

Base Salary:

Pay Band:

Salary Range:

EMPLOYEE INFORMATION UPON REDUCTION

Department #:

Position #:

State Job Code:

State Job Title:

Base Salary:

Pay Band:

State Salary Range:

Percentage of Reduction:

Type of Reduction:

Voluntary

In-voluntary

REQUIRED JUSTIFICATION: *(Explain type of salary reduction)*

Signature: _____

Employee

Date: _____

Signature: _____

Dean/Director/Department Head

Date: _____

CLASSIFICATION AND COMPENSATION DECISION:

EFFECTIVE DATE:

COMMENTS:

Signature: _____

Classification and Compensation Analyst

Date: _____