

BOWIE STATE UNIVERSITY
Office of Human Resources
Salary Adjustment Request (SAR)

SECTION I Identifying Information

- CHECK ONE :** Retention Reclassification (30 Days)
 Promotion Market (30 Days)
 Demotion Acting Pay Increase
 Internal Equity Other

1. Employee Name _____
2. Position Identification Number (PIN) _____
3. Present Classification (title) _____
4. Requested Classification (if required) _____
5. Justification for Request _____

6. Attach Organizational Chart and a revised Job Description

SECTION II Organizational and Budget Information

1. Department _____
2. Department ID _____
3. Percentage of time to be allocated _____
4. Proposed effective date _____
5. Salary From: _____ To: _____ Percentage: _____

SECTION III Authorized Signatures (2 Days Per Signature)

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. _____
 Dept Head/Chairperson & Dean Date 2. _____
 Budget Office Date | <ol style="list-style-type: none"> 3. _____
 Human Resources Date |
|---|---|

For HR Use Only	
Approved <input type="checkbox"/>	
Percentage _____	
New Salary _____	
New Category _____	
New Title/Code _____	
Range /Grade _____	
Effective Date _____	

For HR Use Only	
Denied <input type="checkbox"/>	
Reason _____	


BOWIE STATE UNIVERSITY
Office of Human Resources
Salary Adjustment Request (SAR)
Instructions

This form should be used when requesting any type of salary adjustment on regular and contingent II staff. All sections of the form must be completed and the appropriate documents must be attached to avoid a delay in processing. **Incomplete forms will be returned to the initiator.**

The following instructions should be used when completing the form:

SECTION I Identifying Information


Completed
by
Supervisor



- Complete numbers 1-3 for all actions, number 4 (requested classification) is only completed when requesting a reclassification, promotion, or demotion.
- All salary actions require a justification, if more space is needed please attach an additional sheet to the form.
- An organizational chart and a revised job description must be attached only when requesting a reclassification, promotion, or demotion.

SECTION II Organizational and Budget Information

Completed
by
Supervisor



- Indicate the department, and the department ID where the salary will be charged.
- Identify the percentage of time that will be allocated to the new duties. This only needs to be filled out for reclassifications.
- Enter the proposed effective date, the old salary, and new salary. Also specify the percentage of increase or decrease.

SECTION III Authorized Signatures

Day 1-6
Each
Signatory
will date
stamp the
SAR upon
receipt and
forward to
the next
office
within 2
days.

- All signatories are numbered in the order of operation/flow.
- Each receiving office must date stamp the SAR, authorize it within 2 days, and forward it to the next office in a sealed envelope (stamped confidential)
- If the process flow is interrupted, the holder of the SAR must contact the initiator (Signatory 1) for status or resolution.

The Office of Human Resources (OHR) will review all information submitted and a determination will be made on whether or not the request will be approved or denied. Once a decision has been made, OHR will complete the section on the bottom of the form and forward the information back to the requesting initiator (signatory 1). If the request is approved, the initiator must then complete the Personnel Action Form (PAF) and obtain all the signatures in the order indicated on the form.

If the request is denied, the hiring manager may schedule a meeting with the Senior Director of Human Resources if further clarification is needed. Salary actions will be handled between the supervisor and a representative from the Office of Human Resources. The employee **may not** contact the OHR to inquire about salary actions.