**FALL 2017 COMMITTEE**

**Department Submittal Form**

***Submissions Due to DHR by Close of Business, Friday, September 22, 2017***

|  |  |  |
| --- | --- | --- |
| **Management Classification and Compensation Plan (MCCP)** | | |
| **POST-APPOINTMENT COMPENSATION ADJUSTMENT FORM** | | |
| Employee Name | Department | Current Annual Base Salary |
|  |  |  |
| Employee DSW ID # | Authorizing Appointing Officer | Proposed Range |
|  |  | B  C |
| Employee Class # | Adjust. / Lump Sum Criteria | Proposed Annual Base Salary |
|  | Special Skills  Retention  Performance  Internal Equity  Special Assignment |  |
| Employee Position Title |  | Proposed Lump Sum |
|  |  |  |
| Information in Support of Appointment in Ranges B & C / Lump Sum | | |
|  | | |