**FALL 2019 COMMITTEE**

**Department Submittal Form**

***Submissions Due to DHR by Close of Business, Friday, September 20, 2019***

|  |
| --- |
| **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 |
|       |