

# THE UNIVERSITY *of* MONTANA WESTERN

## STRATEGIC PAY REQUEST

### *MUS Staff Compensation Plan Pay Policy #4.0*

VIEW ENTIRE PLAN: <http://www.umt.edu/hrs/formsdocs/MUS%20Pay%20Guidelines.pdf>

Name of Employee: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Position Number: \_\_\_\_\_

Title: \_\_\_\_\_

Union Affiliation: \_\_\_\_\_

Current Base Rate: \_\_\_\_\_

Contact Person/Phone: \_\_\_\_\_

### **Please answer the following:**

1. This request is to address a Recruitment Issue  or Retention Issue
2. Does the current Role Description accurately reflect the duties being performed?  
Yes  No  \*If changes are permanent, attach an updated Role Description
3. Type and amount of requested salary adjustment:
  - a. Permanent Salary Increase of: \_\_\_\_\_ Effective Date: \_\_\_\_\_
  - b. Temporary Salary Increase of: \_\_\_\_\_ Effective Date: \_\_\_\_\_ to \_\_\_\_\_
  - c. One-Time Only/Periodic Payment of: \_\_\_\_\_ Effective Date(s): \_\_\_\_\_
4. **In an attachment**, please provide a written response to the following  
Describe the existing salary issue in detail which includes reviewing the guidelines for Strategic Pay in the [MUS Staff Compensation Plan Pay Rules](#). Identify and explain why one or more of the specific criteria listed in 4.1 apply to this request and explain how some or all of the factors listed in 4.2.2 influenced the amount of the strategic pay request.

**Required Signatures:** Signatures indicate support for this pay exception and acknowledge that funding has been identified.

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean/Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice Chancellor of A & F:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chancellor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the signed form to the HR office in the James Short Building.**