

## ATTACHMENT C: STEP ADJUSTMENT APPLICATION

|  |   |   |  |
|--|---|---|--|
| <b>1. Type of Step Adjustment</b>  |   | 2. Proposed effective date:               |  |
| <input type="checkbox"/> Step Adjustment (Step Increase)   |   |   |  |
| 3. Employee Name:  | 4. Employee Number:   | 5. Department:                            |  |
| 6. Current Position Title:   |   | 7. Current Pay Grade:                     |  |
| 8. Current Wage Rate:  | 9. Proposed Wage Rate:  | 10. Date employee began current position: |  |
| 11. Years served in current position:  | 12. Date materials received by the Department of Finance and Personnel: |   |  |
| <b><u>Required Supporting Documentation:</u></b>   |   |   |  |
| <input type="checkbox"/> Current job description and title   |   |   |  |
| <input type="checkbox"/> Estimated county financial impact to remove, retrain and recertify a replacement:<br>\$ _____<br><input type="checkbox"/> supporting documentation and calculations |   |   |  |
| <input type="checkbox"/> Estimated operational impact to replace the employee: #service hours lost:<br>_____<br><input type="checkbox"/> supporting documentation and calculations           |   |   |  |
| <input type="checkbox"/> Total financial impact to implement step adjustment:<br>\$ _____ Budget year: _____   |   |   |  |
| <input type="checkbox"/> Plan of how financial impact will be absorbed.  |   |   |  |
| <input type="checkbox"/> When was the employees last increase: ____/____/_____,  |   |   |  |
| <input type="checkbox"/> What was the amount of the increase in dollars and cents: _____   |   |   |  |
| <input type="checkbox"/> What was the amount of the increase as a percentage of their wage rate at the time:<br>% _____  |   |   |  |
| <input type="checkbox"/> When will the employee's next increase come if no action is taken:<br>____/____/_____.  |   |   |  |
| <input type="checkbox"/> How much will that increase be in dollars and cents: _____.   |   |   |  |
| <input type="checkbox"/> How long has the employee been in the department? _____ and in current position?<br>_____   |   |   |  |
| <input type="checkbox"/> Additional supporting documentation   |   |   |  |

|   |       |
|---|-------|
| Department Head Signature:  | Date: |
| Supervisory Committee Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Date: |
| Personnel Committee Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied   | Date: |

**TO BE COMPLETED BY THE DEPARTMENT OF FINANCE AND PERSONNEL**

|                                  |                 |
|----------------------------------|-----------------|
| New Wage Rate:                   | Effective Date: |
| Old Wage Rate:                   |                 |
| Signature of Personnel Manager:  | Date:           |
| Incentive Retention executed by: | Date:           |