SALARY AUTHORIZATION REQUEST

The Guidelines for the University of Wyoming Classification/Compensation Plan delegate the authority for approving salaries beyond that which is stipulated in Information Circular 2007-1 to the Vice President for Administration. To request salary authorization, please complete the first section below and forward this form to the Director, Human Resources Department.

INITIATING DEPARTMENT: __________________________
CANDIDATE’S NAME: ____________________________
POSITION TITLE: ____________________________ POSITION NUMBER: ____________________________
SALARY GRADE: ______ MINIMUM PAY $ ____________________________
RECOMMENDED SALARY: $ ____________ % above minimum/ ____________ % above current salary
Justification:

____________________________________  __________
Initiating Authority    Date

____________________________________  __________
Appointing Authority    Date

HUMAN RESOURCES DEPARTMENT:

☐ I recommend approval of the requested salary

☐ I recommend disapproval of the requested salary, but recommend a salary of $ ______________

Justification:

____________________________________  __________
Director, Human Resources    Date

DIVISION OF ADMINISTRATION:

☐ I approve the salary of $ ______________

____________________________________  __________
Vice President for Administration    Date