



SARPY COUNTY EMPLOYEE ACTION FORM: WAGE RATE CHANGE

EMPLOYEE INFORMATION

Employee: _____ Dept: _____
 Job Title: _____ Division: _____
 Union Group: _____ Exempt Non-Exempt

Check ONE wage rate change reason.

- Merit *(Provide documentation as to why a Merit increase is warranted)*
- Step Increase
- Additional Step Increase *(Provide documentation as to why an additional step is warranted)*
- Market Adjustment
- Human Capital Committee Approval
- Budget Committee Approval
- Annual Base Adjustment
- Retention Pay
- Counter Offer
- Out of Class Pay
- Stop Out of Class Pay
- Detail Assignment Pay
- Stop Detail Assignment Pay
- Other* _____

Budget Code

Object: _____ Org: _____

Rate/Grade Information

Current Rate: _____ Current Grade/Step: _____
 New Rate: _____ New Grade/Step: _____
 Effective Date of Wage Rate Change: _____

*NOTES: _____

 Department Head Signature Date

FISCAL ADMINISTRATION /HR / PAYROLL USE

FISCAL ADMIN: Budget Correct: Yes No Fiscal Admin Rep: _____
 HR: Verify reason: Yes No Rate Correct: Yes No HR Rep: _____
 PAYROLL: Process Date: _____ Payroll Rep: _____