



## Employee Request for Internal Salary Assessment

**INSTRUCTIONS:** This form may be used for an employee to **request a review from their agency human resources department** of their current salary. Once complete, **employees should submit this form to their agency's human resources department** (this form should not be submitted to the CHRO). Questions can be directed to the agency's human resources department and further details are available in appropriate policy and/or CBA.

Employee Information	
Date:	Email:
Employee Name:	OR Number:
Agency Name:	Current Job Classification Title:
Section or Division Name:	Supervisor's Name:

Please complete the following questions:

1. Why are you requesting a review and which of the factors defined in [ORS 652.220](#) warrants you being compensated at a higher salary step?
2. What is your current salary step?
3. Approximately how long have you been in your position?
4. Approximately how long have you worked for the State of Oregon?
5. What salary step do you believe you should be?
6. If known, what other state employees perform comparable work, hold similar seniority, experience, education, and are compensated at a higher rate?

**By submitting this form, by typing or signing my name below, I hereby certify that the information I have included is true and accurate to the best of my knowledge.**