



**Agency Human Resources
Approval Request for
Unscheduled Equal Pay
Adjustment**

INSTRUCTIONS: Submit this form with all supporting documents to DAS Classification and Compensation chro.payequity@das.oregon.gov.

EMPLOYEE INFORMATION

Employee Name:	
Employee OR#:	
Employee Classification:	
Employee Compensation Grade Profile:	
Current Step:	
Employee Submission Date:	

AGENCY ANALYSIS

The State of Oregon uses the following bona fide factors to assess employee salary: education, experience and seniority system. Please identify any reasons for the change.

This form is not required and is a duplicated section of the agency analysis in the [CHRO DAS Agency HR Approval Request for Unscheduled Equal Pay Adjustment](#) form. When you complete the [CHRO DAS Agency HR Approval Request for Unscheduled Equal Pay Adjustment](#) form, you are already completing this form. You may use this form to work through the analysis prior to submitting on Smartsheet if you choose.

AGENCY RECOMMENDATION

RECOMMENDED STEP:	
SUBMITTED BY:	
AGENCY:	
EMAIL:	
DATE:	