Agency Pay Equity Analysis

|  |  |  |
| --- | --- | --- |
| EMPLOYEE INFORMATION | | |
| EMPLOYEE NAME: |  | |
| OR NUMBER: |  | |
| CLASSIFICATION: | class # | class title: |
| REPR CODE: |  | |
| CURRENT SALARY STEP: |  | |
| RECOMMENDED SALARY STEP: |  | |
| AGENCY ANALYSIS | | |
| Please detail additional information (related to education, training, and experience relevant to their job) and how this additional information compares with other employees who are performing work of a comparable character. Considering the additional information, please articulate the agency’s support for the pay equity salary adjustment (which could include trends, past business practice, etc.) 5,000 maximum character box | | |
|  | | |

|  |
| --- |
| ADDITIONAL CONSIDERATIONS |
| Any other considerations the agency gave in the analysis to support the pay equity salary adjustment (4,000 maximum character box). |
|  |

OTHER REQUIRED INFORMATION -

* Employee appeal form and any additional documentation submitted by employee (if applicable)
* Documents used by agency in analysis, which could include but is not limited to the statewide pay equity tool, the agency pay equity analysis form, and employee application

|  |  |
| --- | --- |
| CONTACT INFORMATION | |
| EMPLOYEE SUBMISSION DATE: |  |
| SUBMITTED BY: |  |
| AGENCY: |  |
| PHONE NUMBER: |  |
| DATE: |  |