



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

EMPLOYEE INFORMATION

EMPLOYEE NAME:		
OR NUMBER:		
CLASSIFICATION:	class #:	class title:
REPR CODE:		
CURRENT SALARY STEP:		
EMPLOYEE SUBMISSION DATE:		

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.).

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, and is not limited to, the statewide pay equity tool, the agency pay equity analysis form, and employee application.

AGENCY RECOMMENDATION

RECOMMENDED STEP:	
SUBMITTED BY:	
AGENCY:	
PHONE NUMBER:	
DATE:	