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For Medical Centers only. Do not use this form for CEGP steps.

### SALARY ADJUSTMENT – RECRUITMENT/RETENTION

**INSTRUCTIONS:** This form is for requesting recruitment and retention adjustments only, as provided below. These adjustments apply to Classified Non-Union and to eligible Contract Classified staff job classes.

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| section I – to be completed by employing department | | | | |
| Employee Last Name: | First Name: | | Middle: | Department: |
| Position #: | Job Title: | | Job Code: | FTE %: |
| Salary Range: | | | Current Step: | Recommended Step: |
| Effective Date for Recruitment/Retention Increase: (may be no earlier than 2 pay periods before date signed by Unit Head/Additional Approver) | | | | |
| **POLICY:** SALARY ADJUSTMENT – RECRUITMENT AND RETENTION (CLASSIFIED NON-UNION AND ELIGIBLE CONTRACT CLASSIFIED POSITIONS)  In accordance with Washington Administrative Code (WAC) and Contract Classified Labor Contracts, an in-range adjustment (additional increment increase) may be made to address issues related to recruitment and retention (e.g., equity, alignment, competitive market conditions).  Adjustments may not exceed the top automatic increment step of the range. Within the range, the adjustment may be one or more steps, depending on the nature and severity of the situation. Such adjustments do not affect the employee’s Progression start date.  Reasons for the adjustment must be documented in writing on this form and must be approved by Unit Head/an additional approver (per organization policy). The Unit Head/additional approver may establish extra levels of internal review. | | | | |
| section II – STATEMENT in support of adjustment | | | | |
| Include specific reasons why the employee should receive a Recruitment/Retention Adjustment.  Click or tap here to enter text. | | | | |
| Name of Supervisor/Manager (print or type): | | Signature | | Date: |
| Name of Unit Head/Additional Approver (print or type): | | Signature: | | Date: |

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| **ROUTING INFORMATION** | | |
| **Medical Centers HR – Workforce Management System (WMS)** | | |
| **UW Medical Center**  **(Montlake and NW)** | **Harborview Medical Center** | **Shared Services** |
| [hruwmc@uw.edu](mailto:hruwmc@uw.edu) | [hrhmc@uw.edu](mailto:hrhmc@uw.edu) | [hrwms@uw.edu](mailto:hrwms@uw.edu) |