



## Salary adjustment: Recruitment/Retention (Medical Centers)



### Instructions

This form is for requesting recruitment and retention adjustments for Classified Non-Union and eligible contract classified job classes. Supervisors complete section one of this form and routes to the Unit Head or additional approver. The supervisor is responsible for the final routing to the appropriate WMS email address:

- [hruwmc@uw.edu](mailto:hruwmc@uw.edu) for UW Medical Center (Montlake and NW)
- [hrhmc@uw.edu](mailto:hrhmc@uw.edu) for Harborview Medical Center
- [hrwms@uw.edu](mailto:hrwms@uw.edu) for Shared Services

### Policy

In accordance with Washington civil service rules 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 1: Employee information to be completed by supervisor

1. Employee name:
2. Employee ID:
3. Position number:
4. Job title:
5. Department:
6. FTE %:
7. Current step:
8. Recommended step:

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Contact: [medcomp@uw.edu](mailto:medcomp@uw.edu)

9. Effective date for recruitment/retention increase. This date may not be earlier than 2 pay periods before the signing date of the unit head/additional approver.

**(Start dates are limited to the 1st or 16th of the month.)**

10. Please explain why the employee should receive a recruitment/retention adjustment:

11. Supervisor's name:

12. Signature:

13. Date:

## **Section 2: To be completed by the Unit Head or additional approver**

14. Name of Unit Head/Additional Approver:

15. Signature:

16. Date: