



Staff Compensation Action Request Form

INSTRUCTIONS This form is for unit heads or directors at Texas A&M University, including Qatar, Galveston and Texas A&M Health (HSC), to request approval for a compensation action on budgeted staff in compliance with the compensation action freeze implemented in June 2021. All fields must be completed as appropriate. The criteria and justification are required, and additional documents can be attached if needed. All requests must be approved by the final approver (Academic Units: Provost, Non-Academic Units: Vice President) for your organization and sent to Human Resources and Organizational Effectiveness to obtain final approval by the President of Texas A&M or designee. This approval does not guarantee approval of the compensation action, which is still subject to HR review and approval. Visit the [Updates to Compensation Actions website](#) for additional information.

REQUESTING ORGANIZATION		
Division/College	Department	
Manager Name	Manager Email	Manager Phone
Department Contact Name	Department Contact Email	Department Contact Phone

POSITION TO BE CONSIDERED FOR PROPOSED ACTION			
Employee Name	Employee ID	Current Job Title	Current Position #
Current Pay Rate	Proposed Job Title, if applicable		Proposed Position #, if applicable
Proposed Pay Rate	Cost Allocation (Funding Source and %) <input type="checkbox"/> Internal Account _____ <input type="checkbox"/> External Account _____		Anticipated Effective Date
Position Type <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ % Effort	Action Requested <input type="checkbox"/> Reclassification <input type="checkbox"/> Equity Increase <input type="checkbox"/> Hiring Salary Adjustment <input type="checkbox"/> Other - Please specify: _____		Meets Following Criteria <input type="checkbox"/> Health, Safety, Security <input type="checkbox"/> Impact on Revenue/Grants <input type="checkbox"/> Meets Student Needs <input type="checkbox"/> Special Exemption
Justification for Request Explain why the position meets the criteria selected above: Additional Information Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO			

APPROVER SIGNATURES

_____ Print Name/Title Requesting Organization Approver (Dean, VP, AVP, Exec. Director, etc.)	_____ Signature	_____ Date
_____ Print Name/Title Requesting Organization Approver (Provost/ Vice President)	_____ Signature	_____ Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied By Dr. M. Katherine Banks, President, Texas A&M University Or designee	_____ Signature	_____ Date

FORM ROUTING: Email completed form with subject: <i>Staff Compensation Action Request</i> to hrcomp@tamu.edu for TAMU (including Qatar and Galveston) or hschr@tamu.edu for Texas A&M Health.	NEED HELP? Texas A&M: hrcomp@tamu.edu A&M Health: hschr@tamu.edu
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