

An Adjustment Review Form does not need to be completed for temporary positions and replacement positions in which there are no changes in responsibility.

Section A:

Prepared By: _____ Date: _____ Ext: 6- _____

Reason for Request: _____

Department: _____ Employee Name: _____

Current Position: _____ Current Salary: _____

Current Grade: _____ Proposed Position: _____

Section B:

Provide justification and your goals for the salary adjustment outside the annual cycle. Include a recommended increase.

Highlight any external market considerations supporting this recommendation.

List any comparable position or positions with similar scope and accountability within and/or outside of your department.

Please send this form with any additional details to lorid@brandeis.edu. If you have any questions, call Lori Dougherty at 781-736-3653.