



## Staff Compensation Evaluation Form (CEF)



**Only complete this packet when there is a need for compensation review. If this request is related to an organizational restructure or job reclassification, please contact your HRBP for guidance.**

The department manager/leader completes this packet. Manager will receive approval by the division/department leadership (inclusive of the budget/business operations manager) before submission of the packet to the respective Human Resources Business Partner (HRBP) for review and consultation with the Compensation Team. The Compensation Team will conduct the evaluation and submit for review/approval to the Staff Compensation Advisory Team.

*All Academic Units will be required to submit to the Office of Academic Strategy and Finance for review and approval before submission to your HRBP.*

All items required for this request are included in this packet.

### COMPENSATION EVALUATION CHECKLIST: **\*\*REQUIRED\*\***

- Consult with your HRBP, prior to submission
- Complete the CEF and obtain all required approvals.
- Forward completed packet and required attachments to the [HRBP](#)

Once the HRBP validates the packet has all required information, it will be submitted as a request to compensation through the [HR ServiceNow Module](#).

## Staff Compensation Evaluation Form Request

*(Please complete all fields)*

<b>Completed By:</b>	<b>Division/Department:</b>
<b>If this request for a single employee or unit/group?</b> <input type="checkbox"/> single <input type="checkbox"/> unit/group	
<b>If Single, please complete the following below section:</b>	
<b>Employee Name:</b>	<b>Current Title:</b>
<b>Position Number:</b>	<b>Current Salary: \$</b>
<b>If Unit/Group, please complete the below section or include the list with your submission.</b>	
<b>Employee Names or Job titles (list all):</b>	
<b>Request justification or reason? <u>**REQUIRED*</u></b>	



KENNESAW STATE UNIVERSITY

**Funding Type/Sources to be used for this request** (Please select all that apply and enter amounts)

**Allocated Budget amount and source for increase:** (Enter all that are applicable and the amounts from each source)

Source(s):	Amount:	Allocation %:	Funding Code:
Position Salary budget: (salary savings):	\$		
Vacant position salary budget:	\$		
Foundation funding:	\$		
Grant/limited term funding:	\$		
Operations Budget:	\$		

If using funding from a vacant position line, will you initiate recruitment for the vacant position during the current Fiscal Year?  Yes  No If yes, will you have sufficient funding for recruitment?  Yes  No

If using Operations Budget, will the permanent transfer of funds impact the department's ability to meet operational needs?  Yes  No If yes, explain:

**Criticality Rating:** (Please select one)

- Low – no immediate concerns. Potential equity or compression.
- Medium – concerns with potential market misalignment and inversion/compression due to upcoming or current recruitment.
- High – Immediate concerns with retention or inversion, equity or compression due to recruitment efforts.

**Review and Approvals:** \*\*\*Approvals must be in the form of a wet signature or through DocuSign

Hiring Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Next Level Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/AVP (Academic Units): \_\_\_\_\_

Cabinet/VP: (\*Academic Units) \_\_\_\_\_ Date: \_\_\_\_\_

**\*Academic Units, once the Dean/AVP reviews and signs, the completed form must be submitted to Margarita Almeda, Director of Academic Operations. The AVP will collect all submissions and will review with the Provost. If approved, please submit the signed form to your HR Business Partner.**