

# FACILITIES & SAFETY COMPENSATION REQUEST FORM (CRF)

**REQUEST:**

Reclassification/Promotion  
Requested Classification: \_\_\_\_\_  
Temporary Pay Increase (%): \_\_\_\_\_  
Expiration Date : \_\_\_\_\_  
OPS Increase (\$): \_\_\_\_\_

One Time Performance Payment (\$): \_\_\_\_\_  
Special Pay Increase ( %): \_\_\_\_\_  
Additional/Higher level Duties: \_\_\_\_\_  
Merit: \_\_\_\_\_  
Internal Equity/Compression: \_\_\_\_\_  
Market Increase: \_\_\_\_\_

**EMPLOYEE INFORMATION:**

Employee's Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Benefit Rate % (Format: 1.00) : \_\_\_\_\_  
*A&P=1.37; USPS = 1.50; OPS Non-student = 1.12; OPS Student = 1.02*

Annual Rate: \_\_\_\_\_  
Annual Rate + Benefits: \_\_\_\_\_  
Recommended Annual Rate: \_\_\_\_\_  
Recommended Annual Rate + Benefits: \_\_\_\_\_

**BUDGET & FUNDING INFO:**

Primary Funding Source: \_\_\_\_\_  
Percentage (if split): \_\_\_\_\_  
Secondary Funding Source: \_\_\_\_\_  
Percentage (if split): \_\_\_\_\_

Increase to Base Annual Rate: \_\_\_\_\_  
Increase to Annual Rate with Benefits: \_\_\_\_\_

Budget Available: Y N If "No" is selected, please explain below.

**SIGNATURES:** By signing as the Requestor, I confirm that my department's budget can sustain this request.

Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

Director: \_\_\_\_\_

Date: \_\_\_\_\_

Assistant VP: \_\_\_\_\_

Date: \_\_\_\_\_

Director,  
Accounting: \_\_\_\_\_

Date: \_\_\_\_\_