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**In Pay Range Adjustment**

**Request Form**

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| **Employee Information, Signatures– Manager/Supervisor Use Only** \*Indicates Required Field |
| \*Employee Name & ID#:      | \*District or Division:       | \*Classification/Job Title:      |
| \*Current Hourly Rate:      | \*Proposed Hourly Rate:      | \*Employee Meets Eligibility Criteria:[ ] Yes or [ ] No [click the box] |
| \*Requesting Supervisor Name (Print name and Sign):             | \*Date:      |
| \*District Defender or Division Head (Print name and Sign):              | \*Date:       |

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| \*Submission Period: September |

Please **refer to the Interpretive Memo 2024-04 as you complete the section(s)** below to determine which are applicable to your request and should be filled out.

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| **A. Job Responsibility Changes:** Please describe the significant changes in the employee’s duties and responsibilities.      |
| **B. Additional Job-Related Qualifications, Certifications or Licenses:** Please describe how the acquisition and application of additional job-related qualifications are relevant to the employee’s job classification and how they demonstrated that such further education, qualifications, certifications, or licenses enhanced the performance of their job duties and accountabilities.       |
| **C.** **Equity:** Please provide a thorough analysis of the salary inequity and a summary of equitable salary relationships to the salaries of other comparable employees that perform the same or similar work within the same units, division, district, and/or department.      |
| **D. Pay for Performance:** Please describe the employee’s job competency, demonstrated job performance, and overall contribution to the unit, division, district, and/or department. (Please attach the most current Opening, Interim and Annual/Closing performance evaluations).      |
| **E. Labor Market Changes:** Please describe changes in the labor market or other conditions that may affect retention. Supporting documentation such as data/reports from similarly situated entities (e.g., other state agencies or other Public Defender entities) must be submitted with the request.       |
| **Checklist for Manager/Supervisor:** * Request form completed in accordance with the Interpretive Memo 2024-04;
* All required fields (\*) are filled;
* LOPD is accepting request forms for the Submission Period in September;
* Supporting documentation and required records (e.g., evaluations) are attached;
* Request forms submitted via email to the appropriate Deputy Chief Public Defender and LOPD-HR@lopdnm.us

**Please Note: Incomplete or improperly filed documents may delay the review and approval or disapproval process.** |
| **Human Resources Use Only – Initial Review**  |
| Print Name:       | Date:       |
| Is the employee eligible for In Pay Range Adjustment: [ ] **Yes** or [ ] **No** [click the box]If no, explain:       |
| Is the form complete, supporting, and required documentation attached: [ ] **Yes** or [ ] **No** [click the box]If no, explain:            |
| Additional HR Comments:       |
| **Chief Financial Officer (or designee) Use Only** |
| Print Name:      | Signature:      | Date:       |
| **Comments:**  |
| **Advisory Team Use Only** |
| Print Name:      | Date:      |
| Print Name:      | Date:       |
| **Advisory Team Chair Signature** |
| Print Name:      | Signature:       | Date:       |
| **Recommendation:** |
| **Chief Public Defender Use Only** |
| [ ] **Approved or** [ ]  **Disapproved** [click the box] |
| Print Name:      | Signature:      | Date:       |

cc: Employee Personnel File

Attachments: Any other additional information.