# 

**In Pay Range Adjustment**

**Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |

|  |
| --- |
| \*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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto: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.