

Agency: \_\_\_\_\_ Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

Appointing Authority: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

**ADJUSTMENT TO PAY GRADE: UNCLASSIFIED SERVICE**

<u>Date of Pay</u> <u>Grade Adjustment</u>	<u>Class, Code</u>	<u>Adjusted Annual Salary</u> <u>From</u> <u>To</u>	<u>Current Fiscal Year</u> <u>Incremental Cost</u>	<u>Next Fiscal Year</u> <u>Incremental Cost</u>	<u>Reason for Action</u>
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**Total Incremental Costs: \$ \_\_\_\_\_ \$ \_\_\_\_\_**

- Instructions:**
- 1) List all adjustments resulting in an increase or decrease in pay.
  - 2) In reporting incremental costs, provide the difference in the cost or savings resulting from action, as compared to the allocated funding of the position in the agency's budget work program.
  - 3) Current Fiscal Year Incremental Cost: Provide the prorated incremental cost (excluding benefits) for the current fiscal year from the date of the personnel action to the end of the current fiscal year.
  - 4) Next Fiscal Year Incremental Cost: Provide the incremental cost (excluding benefits) for the entire next fiscal year.
  - 5) Reason For Action: Provide a brief statement describing why the action was taken.