*MEA Misc. Department Salary Adjustment Form*

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| **Employee Name** | **Employee ID #** | **Employee Class #** |
|  |  |  |
| **Position Working Title** | **Department** | **Current Annual Base Salary** |
|  |  |  |
| **Submission Type** | **Requested Annual Base Salary** |
| Initial Appointment ☐ Post Appointment ☐ |  |
| **Applicable Justifications *(select all that apply)*** |
| Performance/Merit ☐ Education/Training ☐ Experience ☐Seniority ☐ Internal Equity ☐  |
| **Related Information Supporting a Range C Adjustment** |
|  |

**Range C Adjustment**

*Please submit this form, along with your supporting documentation (e.g. resume, organizational chart) to the Department of Human Resources, Classification and Compensation team (**Emily.Lee@sfgov.org**).*

*Last Updated on 6/5/24*