*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*](mailto:Emily.Lee@sfgov.org)*).*

*Last Updated on 6/5/24*