**Compensation Adjustment Form**

In order to ensure equitable pay for all CORE, LLC staff, please complete the information below to request a compensation change for an employee. This change will be reviewed and processed by Human Resources. Additional documentation may be requested at the discretion of CORE, LLC. If you have any questions or concerns, please contact the Human Resources department at 225-456-2243.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Information | | | | | | | | |
| Employee Name | | |  | | | | | |
| Employees Job Title | | |  | | | | | |
| Employee Status (FT/PT) | | |  | | | | | |
| Department/Division | | |  | | | | | |
| Manager Requesting Change | | |  | | | | | |
| **CHANGE REASON** | | | | | | | | |
| Merit Increase | | | |  | | Market Adjustment | |  |
| Promotion | | | |  | | Position Change | |  |
| Demotion | | | |  | | Other | |  |
| **Adjustment Details** | | | | | | | | |
| Current Pay Rate |  | | | | New Pay Rate | |  | |
| % Change (>3% Requires Partner Approval) | | | | | | |  | |
| % of Market (>75% Requires Partner Approval) | | | | | | |  | |
| New Job Title (If Applicable) | |  | | | | | | |
| New Status (FT/PT) | |  | | | | | | |
| Requested Effective Date (should be the beginning of a pay period) | | | | | | |  | |
| Please explain the reason for the requested change below: | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

If you have any questions or concerns, please contact the Human Resources department at 225-456-2243.

**Approvals**

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**Supervisor Date** **Human Resources Date**

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**Partners Approval Date**