

Department of Human Resources
 Compensation Management
 120 State Street
 Montpelier, VT 05620-2505

EXEMPT SALARY REQUEST FORM

Contact Information	
Requestor:	Department:
Address:	
Email:	Phone:

Information on Applicant or Current Employee	
Name:	Department:
Job Title:	Position Number:

Salary History – Most Recent Listed First			
Date	Amount (hr/yr)	% Increase	Reason(s) for Salary Increase

Proposed Salary and Job Information	
New Salary (hr/yr):	Department:
Percent Increase:	Job Title
Effective Date:	Position Number:
Explain Justification for Proposed Salary (or attach memorandum):	

 Signature of Appointing Authority

 Date

Recommendations / Approvals
Comments by Department of Human Resources:

 Compensation Manager

 Date

 Commissioner of Human Resources

 Date

 Secretary of Administration

 Date

 Governor's Office

 Date