# Fiscal Year 2025

# Pay Plan Adjustment or New Classification Request Summary

### Department or Agency:

### Program Name:

8-Character Program Code: 4-Character Subprogram Code:

**TITLE/DESCRIPTION:**

*Include a short title of one sentence for the description of the request.*

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**A. REASON FOR REQUEST:**

Please explain why the pay plan adjustment or new classification is necessary, indicating:

1) current vacancy rates;

2) the date of last adjustment for impacted positions;

3) the number of positions impacted; and

4) the number of resignations for each classification during the previous fiscal year.

Please discuss why this job series is critical to your goals and objectives, outlining how the current classification or salary structure affects program and/or agency outcomes.

**B. JUSTIFICATION FOR THE REQUEST:**

*Please explain how the proposed salary structure is expected to impact the outcomes for the program and/or agency. Explain why this is the best option to address the issue.*

*Please refer to the current Managing for Results measure(s) affected and explain the impact, listing incremental changes in the chart below. For requests that do not relate to a current MFR measure, please include a measure or measures to show results of the request.* ***The measures must show the specific outcomes to be achieved.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **Performance** | **FY 2024** | **FY 2025** | **FY 2026** | **FY 2027** | **FY 2028** | **FY 2029** |
| **Measure** | **Appropriation** | **Target** | **Target** | **Target** | **Target** | **Target** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**C. ALTERNATIVES CONSIDERED:**

*With regard to the issues described above, please list any alternatives which would not require the establishment of a new classification series or salary adjustment. List steps that have been taken to address recruitment and retention issues within existing resources.*

*Please discuss any factors other than salary which impact the ability to recruit and retain employees with the necessary skills for the job.*

**D. IMPACT ON OTHER CLASSIFICATIONS:**

*If approval of this request would have an impact on employees in other classifications used by your agency, please list the classifications involved and how they will be affected.*

**E. ADDITIONAL SUPPORTING DOCUMENTATION:**

*Provide any documentation that may support the request: retention analysis, reports, salary surveys, legislation, and other publications.*