THE UNIVERSITY OF CHICAGO

Effective 07/2010
Questions about this form? Contact HR,
Office of Labor Relations:
Phone: 702-4040
Email: elrelations@uchicago.edu

LOCAL 743 EQUITY ADJUSTMENT REQUEST FORM

Name of Incumbent:* _____ Employee ID: _____

L743 Position Title: _____ Job Code: _____

Department Name: _____ Department Number: _____

Current Rate: _____ Requested Rate: _____

***Submit this form for each employee request.**

INSTRUCTIONS:

Please submit this form to HR/Office of Labor Relations to request an equity adjustment for a Local 743 employee. The following documentation must be included to support the request:

1. A memo detailing the reason(s) for the request, which includes a comparison of incumbent's salary with others in similar positions within the same department, and

2. Resumes of incumbent and others used as comparison.

For more information, please see the Local 743 Equity Review Committee Charter, or contact HR/Office of Labor Relations at: elrelations@uchicago.edu.

Department Head/Supervisor		
Signature	E-mail and/or Phone #:	Date:
Dean/Administrative Officer		
Signature	E-mail and/or Phone #	Date:

HR USE ONLY	
HR Received by:	Date Received:
Decision:	Decision Date:
If Approved	
New Rate:	Effective Date:
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