

Pay Equity Review Request Form

Date:												
Requestor:	Title:											
Employee Name:					Title:							
Please read the	guidelines	for equity	reviews i	in P&P 3	35001	prior	to	comp	leting	this 1	form.	
Justification: A pasimilarly situated ro												hers i
Once the form is cor Workday using "Crea resume. The employ Workday Job Aid)	ate Request,"	(Link to Re	quest Fram	ework Job	Aid) a	ittache	es th	is form,	and er	mploye	e's upda	ted
Once submitted, the equity review.	Classification	& Compen	nsation Tear	n will forw	ard to	the VI	P/CH	IRO for	approv	val to c	ommenc	e the
Equity Review App	oroval Signat	ures:										
Unit Administrator				Date	9			_				
Senior Vice Preside	nt			Date	Э			-				
Vice President/Chief	Human Reso	urces Office	er	Dat	e			_				
Financial Approv	al Signature	es: (To be	complete	ed if equi	ty inc	reas	e is	appro	ved by	y HRS	STM)	
SVP for Administrati	ve and Fiscal	Services		Da	te							