



## Archdiocese of Agana

196 Cuesta San Ramon, Ste. B, ■ Hagåtña, GU 96910

Tel: (671) 472-6116

Fax: (671) 477-3519

### SALARY INCREASE & PROMOTION REQUEST FORM

Employer Name:	
Position Title:	
Level of Education:	
Years of Experience:	

Reason for Increase:

<input type="checkbox"/>	Step Increase	<input type="checkbox"/>	Internal Promotion
<input type="checkbox"/>	Internal Transfer	<input type="checkbox"/>	Others: Please Explain:

Proposed Annual Salary*:	
Proposed Increase (%)	
Proposed Position Title (if applicable):	
Effective Date:	
Current Annual Salary:	

*If space or font sizing is not adequate, please attach a memorandum providing the information requested below.*

<b>1) Provide a reason / justification for the change.</b>

<b>2) Based on the minimum preferred qualifications, as listed in the posting, state how the employee meets the qualifications? (Must specifically reference the qualifications listed on the posting)</b>

**3) Indicated the employee(s) in the department who are qualified for the position and provide a justification that explains why each person was not considered and / or selected for the position?**

**4) Describe how the recommended employee the most qualified person for the position.**

**5) Justify the salary increase to include current salary, proposed salary, and percent increase.**