

# SPECIAL SALARY ADJUSTMENT TRANSMITTAL

DPA-755 (NEW 04/2007)



## Requesting Agency

Department: \_\_\_\_\_  
 Employee Organization: \_\_\_\_\_  
 LRD: \_\_\_\_\_  
 Other: \_\_\_\_\_

## Type of Request

- Special Salary Adjustment
- Impact Analysis

## Reason for Special Salary Adjustment (Check all that apply)

- Recruitment
- Retention/Turnover
- Other (describe) \_\_\_\_\_
- Equity Issue
- Compaction

## Class Information

Impacted/Subject Class(es)	Schem Code/Class Code	CBID	# of EES Impacted	SSA Requested	SSA Recommended
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are the subject classes used only by your department?

- Yes
- No If no, provide the other user department(s): \_\_\_\_\_

## Funds

Does request require expenditure of unbudgeted or supplemental funds?

- Yes If yes, attach Form 137
- No If no, explain: \_\_\_\_\_

## Contact Information

Requesting Department's Contact Person \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Phone Number  
 Departmental Personnel Officer \_\_\_\_\_ Date \_\_\_\_\_

## For DPA Use Only

Recommendation: \_\_\_\_\_ Date \_\_\_\_\_

- Denied
- Approved (See "SSA Recommended" column)
  - Compelling (Implement now if funds available.)  
 Effective Date: \_\_\_\_\_
  - Hold for consideration with next pay program.

Analyst: \_\_\_\_\_  
 Program Manager: \_\_\_\_\_  
 Labor Rel. Officer: \_\_\_\_\_  
 FMER: \_\_\_\_\_  
 Executive Office: \_\_\_\_\_