

**Administrative Office of the Courts**

**OUT OF CYCLE INCREASE REQUEST FORM**

Employee Name:	Agency:	Classification:
Employee Status:	TOOL #:	Position Status:
Employee ID#:	PERM #:	Effective Date:
Hire Date:	<b>Current</b> Hourly Rate:	<b>Proposed</b> Hourly Rate: <i>(Proposed increase not to exceed 10%)</i>
Job Class Entry Date:	Compa-Ratio:	Compa-Ratio:
Requesting Supervisor: <i>(Signature)</i>	Funding Certification: <i>(Signature of financial/budget officer.)</i> Yes _____ NO _____	Final Agency Approval Authority: <i>(Signature)</i>

*Below, please complete the section(s) criteria that applies to the request. Additional sheets may be attached.*

**1. Demonstrated Performance**

Please describe the employee's scope of duties and job responsibilities; their increased level of expertise, competency, job performance, knowledge, skills and abilities, based upon their relative contribution to the agency.

**2. Salary Alignment\*** (please provide additional information on internal/external agency comparisons in table below)

Please describe salary inequities' internal or external to the agency, which resulted in this employee's salary being out of alignment.

**3. Employee Pay Progression**

Please describe the employee's job competency, demonstrated job performance and years in current job class supporting the employee's progression in their salary range. (Please attach the most recent two years annual performance evaluations.)

*Employee Name & Classification	*Judicial Agency	*Current Hourly Rate	*Compa-Ratio

AOC/HR Recommendation:

AOC/HR Director Recommendation:	AOC Director Approval or Disapproval:
Date:	Date:

Revised: April 2007

Attachments: Any other additional information.

cc: Employee Personnel File  
AOC out-of-Cycle File