ELIZABETH CITY STATE UNIVERSITY

Career Banding Competency Evaluation/Salary Decision Worksheet

Employee Name:	**Position Title:**
Department:	**Division:**
Position Number:	**Banded Class:**
Current Competency Level:	**Schematic Code:**
Advertised Salary Range *(if applicable)*:	
Effective Date:	

Section I: Type of Action

Career Progression Adjustment

- Competency/Skill ☐
- Competency/Duties Change ☐
- Competency Level Change Only ☐
- Competency/Labor Market ☐
- Competency/Retention ☐

Demotion

- Position Change ☐
- Class ☐
- Salary ☐

- Grade-Band Transfer ☐
- Reassignment ☐
- Other (Identify Type) ☐ _____
- Promotion ☐
- Acting Promotion ☐

Section II: Career Banding Employee Competency Evaluation

(Must be completed when employee's competency level changes)

	Contributing	Journey	Advanced
Number at (C) Level			
Number at (J) Level			
Number at (A) Level			
Overall Level (C,J,A)			

Section III: Justification *(Explain the reason for salary adjustment)*

Section IV: Salary Recommendation

Current Salary	Recommended Salary	% Change
$	$	

Section V: Approvals

Budget	Approvals
Position #:_____	_____ _____
Budget Code: _____	Hiring Manager Date
G/L Account: _____ _____	
Budgeted Salary: $_____	_____ _____
Funding Source ☐Federal ☐ State ☐ Auxiliary	Dean/Division or Unit Head Date
☐Other: _____	
Authorized By: _____	_____ _____
(Division of Business and Finance)	Human Resources Approval Date
Date: _____	
_____	
Sponsored Programs (Where Applicable) Date	