Hire Above Minimum Delegation Checklist

Applicant's Name   _____

Completed Application to Include Employment Dates   _____

Title/Class Code (Including Internal Title, if applicable)   _____

Pay Band/Salary Range   _____

Applicant's Current Salary, if applicable   _____

Proposed Salary   _____

Percent Above Minimum   _____

Average Salary Data   _____

Justification Statement of HAM   _____

Effective Date   _____

Authorized Date is Prior or Equal to Effective Date   _____

Authorized Signature & Approval Date   _____

Did Employee Come from Other State Agency? If No, then True New Hire.   _____