



Pay Equity Review Request Form

Date: _____ Requestor: _____ Title: _____
(Supervisor or above)

Employee Name: _____ Official Title: _____

Department: _____

Justification for request: Please submit the employee's resume with a clear explanation of why it appears there is an inequity. *Guidelines for equity adjustments are located IV. A. in the Policies and Procedures 35001CP*

Once completed, SVP submits this form to the Classification & Compensation Team at Class.CompTeam@montgomerycollege.edu for approval by VP/CHRO for equity review to commence.

Approval Signatures:

Supervisor

Unit Administrator / Senior Vice President Endorsement

HRSTM and Financial Approval Signatures:

Vice President/Chief Human Resources Officer

Chief Business/Financial Strategy Officer

SVP for Administrative and Fiscal Service