Hire Above Minimum Justification Form

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| --- | --- |
| **Applicant’s Name:** |  |
| **Department/Division:** |  |
| **Classification Title:** |  |
| **Internal Title:** |  |
|  |
| **Class Code/Slot Number:** |  |
| **Proposed Effective Date:** |  |
| **Pay Band:** |  | **Salary Range:** |  |
| **Applicant’s Current Salary:** |  | **Proposed Salary:** |  |
| **Percent Above Minimum** |  |
|  |
| **State Average Salary:** |  | **State Average Years of Service:** |  |
| **Agency Average Salary:** |  | **Agency Average Years of Service:** |  |
|  |
| **Justification of HAM:** |
| **Approved by:** |  | **Date:** |  |