

**Compensation Evaluation Form** 

| Date:   |                 |              | Job Grade:                       |               |            |  |
|---|-----------------|--------------|----------------------------------|---------------|------------|--|
| Position Title:   |                 |              | □ Non-Exempt                     |               |            |  |
| Department:   |                 |              | ☐ Exempt - Category:  Min Range: |               |            |  |
| Supervisor:   |                 |              | Mid Range:                       |               |            |  |
| Supervisor's Title:   |                 |              | Max Range:                       |               |            |  |
| The runge.  |                 |              |                                  |               |            |  |
| POSITION SUMMARY: (Briefly describe what the position was created to accomplish.) |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
| Source:   | Position Title: | Min<br>Range | Mid<br>e: Range:                 | Max<br>Range: | Incentive: |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
| Average of Above:   |                 |              |                                  |               |            |  |
| ADDITIONAL COMMENTS   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
|   |                 |              |                                  |               |            |  |
| APPROVALS   |                 |              |                                  |               |            |  |



| Research/Evaluation By:    | Date: |
|----------------------------|-------|
| Human Resource Management: | Date: |
| Compensation Committee:    | Date: |