



Compensation Evaluation Form

Date:	Job Grade:
Position Title:	☐ Non-Exempt
Department:	☐ Exempt - Category:
Supervisor:	Min Range:
Supervisor's Title:	Mid Range:
	Max Range:

POSITION SUMMARY: (Briefly describe what the position was created to accomplish.)

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Source:	Position Title:	Min Range:	Mid Range:	Max Range:	Incentive:

Average of Above:					
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ADDITIONAL COMMENTS

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APPROVALS



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