Compensation Evaluation Form

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

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

Source:	Position Title:	Min Range:	Mid Range:	Max Range:	Incentive:
Average of Above:					

ADDITIONAL COMMENTS

APPROVALS

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