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:** |  | |