

BROADBAND PAY ADJUSTMENT

REQUEST AND APPROVAL FORM

For agencies under the Governor's authority, this form is required for pay adjustments over the maximum of the occupational wage range, for group pay increases exceeding \$50,000, or for all pay adjustment for an individual employee of more than \$5,000 annually (except longevity and pay increases in the legislative pay plan bill).

The Department of Justice, Office of Public Instruction, Public Service Commission, Secretary of State, and State Auditor's Office only need to report pay raises above the occupational wage range to the Budget Director at the Office of Budget and Program Planning. No prior approval is required.

MANAGERS

Complete the sections below and submit to your agency Human Resources staff for review and routing for approval.

REQUESTOR

Agency Name: MDT

Supervisor Name: James A Combs

Division/Unit: Great Falls District Pre-Construction

Date Submitted: 9/4/2024

EMPLOYEE OR GROUP JOB CODE INFORMATION (ENTER BELOW OR PROVIDE ATTACHMENT)

Employee or Group Name: Position is vacated

EMPL ID(s): vacant position

Position Number(s): 54155061

Job Title(s): District Environmental Specialist-Engineering Analyst 1

Job Code(s): D25011

JUSTIFICATION AND DOCUMENTATION FOR THIS PAY ADJUSTMENT

Provide reason and documentation supporting the adjustment: Recruiting position replacement – the salary is over market

PAY REQUEST

Current Base Pay (Annual **and** Hourly) Rate (enter zero if new hire): is currently vacated

Proposed Base Pay (Annual **and** Hourly) Rate: \$82,821 and \$39.818023

Is the proposed base rate for the employee or group within the agency's pay schedule? Yes No

Requested pay change effective date: 9/7/2024

AGENCY HUMAN RESOURCES

See the **SABHRS HR Action Reason Code catalog, agency pay plan, and Broadband Pay policy** for more information about this section.

Pay Adjustment Reason and SABHRS Code: Position is vacant and will recruit to fill permanently- need to post position

If the adjustment reason is retention, **and** the increase request is to counter a job offer at another state agency, list the offering agency and position being offered: NA

Is this position(s) included in a bargaining unit? Yes No If yes, is this rate already negotiated in a signed contract? Yes No

Is this pay adjustment required by a settlement agreement? Yes No

Provide HR metrics supporting the adjustment (metrics matching the adjustment reason): This is the rate that everyone in this job gets paid. It is consistent with MDT Pay Matrix

How does this pay request align with agency pay rules (document analysis here)? This is the rate that everyone in this job gets paid. It is consistent with the MDT Pay Matrix.

Do other employees at the agency perform this work? Yes No

If yes, should these employees also receive a pay adjustment? (List any additional employees who will have their pay adjusted):
Click or tap here to enter text.

AGENCY BUDGET OFFICE REVIEW

Is the pay increase above the employee's occupational wage range? Yes No

Does the agency/program have sufficient funds for this pay change? Yes No

List the fund type(s) for the position(s) and the percent from each fund: mix of federal and state funding

AGENCY APPROVAL

After final agency approval, send this completed form to Bonnie Shoemaker (bshoemaker@mt.gov) in the State Human Resources Division (for over max, group adjustments of over \$50,000, and individual adjustments greater than \$5,000). State HR will conduct the following analysis and will submit this form to the Office of Budget and Program Planning for final review. For individual adjustments less than \$5,000 annually, send this form to Jeanne Nevins (jnevins@mt.gov) at the Office of Budget and Program Planning.

[Click or tap here to enter text.](#)
Requesting Supervisor Signature

[Click or tap here to enter text.](#)
Date

Tami Bishop Rhodes
Agency Human Resources Signature

September 5, 2024
Date

[Click or tap here to enter text.](#)
Agency Budget Approval Signature

[Click or tap here to enter text.](#)
Date

[Click or tap here to enter text.](#)
Division Administrator Signature

[Click or tap here to enter text.](#)
Date

[Click or tap here to enter text.](#)
Director or Agency Designee Signature

[Click or tap here to enter text.](#)
Date

STATE HUMAN RESOURCES ANALYSIS

- Yes No Is the agency's pay request reason allowed by the agency's pay policy and the statewide broadband pay policy?
- Yes No Is this pay request within the agency's pay schedule or contract?
- Yes No How does this agency pay request compare to other agencies' pay for positions in the same job code? Only MDT is using this code.

Empl Record 0
Job Title Engineering Analyst 1

Row Labels	Count of ID	Min Annual	Avg Annual	Max Annual
Transportation	106	64582	72998	82821
Grand Total	106	64582	72998	82821

- Yes No Has the agency addressed differences between this position and existing employees in the same job code in their agency for internal comparisons (if applicable)?
- Yes No Has the agency confirmed with their budget manager that they have existing budget for this adjustment request?
- Yes No Does this request require research into a possible tier two occupational wage range adjustment?

Current Market Range:

Job Code	Job Code Title	Minimum	Midpoint	Maximum
D25011	Engineering Analyst 1	53387	66733	80080

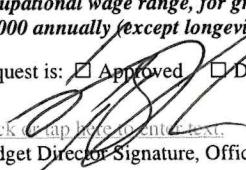
Current percentage of the base pay compared to the market midpoint? N/A
Proposed percentage of the base pay compared to the market midpoint? 124.11%

Bonnie Shoemaker
State Human Resources Signature
Date sent to OBPP 9/6/2024

9/6/2024
Date

OFFICE OF BUDGET AND PROGRAM PLANNING – REPORTING/SIGNATURE

The Office of Budget and Program Planning must review, approve, and sign this form for pay adjustments over the maximum of the occupational wage range, for group pay increases exceeding \$50,000, or for all pay adjustment for an individual employee of more than \$5,000 annually (except longevity and pay increases in the legislative pay plan bill).

Request is: Approved Denied Approved at a different rate: [Click or tap here to enter text.](#)
 [Click or tap here to enter text.](#)
Budget Director Signature, Office of Budget and Program Planning [Click or tap here to enter text.](#)
Date

AGENCY SABHRS ENTRY

SABHRS entry date Click or tap to enter a date.

Action and Reason Code entered by Human Resources: Click or tap here to enter text.