

**CITY OF SANTA MONICA
HUMAN RESOURCES DEPARTMENT**

COMPENSATION STUDY REQUEST FORM

All information requested on this form must be completed prior to submitting the request to the Director of Human Resources. Any additional materials relevant to the request should be submitted together with this form.

A. Individual initiating request: _____
(Name/Title)

B. Position to be studied: _____
(Classification)

1. Name of incumbent,
if any: _____

2. Name of immediate
supervisor: _____

3. Program/division to which
position is assigned: _____

4. Work location: _____

5. Telephone number: _____

C. Justification:

1. Why should the salary level of this position be studied? Be as specific as possible when justifying the need for a salary study. Where appropriate, please provide specific examples, supporting documentation, etc.

2. How long has the above situation existed?

3. Other information (e.g. historical background, pending legislation, etc.) that is pertinent to this study.

D. Certification of person initiating request:

Name and Title (print): _____

Signature: _____

E. Department Head Certification:

I support / do not support (circle one) this request for the following reasons:

Name and Title (print): _____

Signature: _____

Date: _____