*A copy of the proposed policy and SER questionnaire should be submitted to the SCS Compensation Division at least two weeks prior to the requested effective date.*



**JOB AIDS AND RESOURCES  
SER QUESTIONNAIRE**

*Revised 12/18/14*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency:** |  | | | | **Personnel Area Code:** | |  |
|  |  |  |  |  | |  | |
| **Requested Effective Date:** |  | **Request Type:** | ☐ New  ☐ Amend | **Percent Into Range:** | | ☐ Up to 1st Quartile | |
|  |  |  |  |  | | ☐ Above 1st Quartile - Midpoint | |
|  |  |  |  |  | | ☐ Above Midpoint – 3rd Quartile | |
|  |  |  |  |  | | ☐ Above 3rd Quartile | |
|  |  | | | | | | |
| **Reason for the request:** |  | | | | | | |

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| 1. **Please list all job titles this request is being made for as well as all corresponding information encompassed by this SER. *Attach additional sheet if necessary.*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title(s) | | Job Code | | Pay Level | | | Current  Bi-weekly Amount | | | | | Requested Bi-weekly Amount | | | Number of Positions | | | | | | | | | # of incumbents below SER amount upon implementation | | |
| Filled | | | | Vacant | | | | |
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| 1. **Do you plan on giving a corresponding adjustment for employees above the SER amount? If yes, what percentage or amount is being requested?**  ☐ Yes Corresponding Adjustment Percentage or Amount:      ☐ No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Will this SER apply to all incumbents in the specified job title(s)? If not, please explain.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Please provide your (voluntary) statistics for the previous 3 fiscal years for the affected job title(s).**   ***NOTE: Voluntary turnover does not include retirements, promotions, demotions, etc. Attach additional sheet if necessary.*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 20 | | | | | | | | 20 | | | | | | | 20 | | | | | | | Where  to? | | | |
| **Job Title(s)** | # Incumbents | | # Vol Sep | | | Turnover % | | # Incumbents | | | # Vol Sep | | Turnover % | | | | # Incumbents | # Vol Sep | | | Turnover % | # to Private | | | | # to State Agencies |
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| 1. **Please provide applicant pool and recruitment data for the affected job title(s). Attach additional sheet if necessary.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Title(s)** | **Date of Postings** | | | | **# of Postings** | | | | | **# of Applications** | | | | **# Job Offers Made** | | | | | | **# Job Offers Accepted** | | | | | **Salaries Requested** | |
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| **6. What attempts have you made to enhance recruiting (i.e. ads, job fairs, etc.)?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Please list all pay mechanisms already in effect for each job title.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Please explain any other justification.** | | | | | | | | | | | | | | | | | | | | | | | | | | |

**PLEASE NOTE THAT THE AGENCY POLICY MUST BE ATTACHED TO THIS DOCUMENT.**