



## Compensation Adjustment Form

Employee Name \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Current Salary/Hourly Rate \_\_\_\_\_

Faculty                       Staff                       Multiple Adjustments (*faculty only*)

Proposed Effective Date \_\_\_\_\_ Proposed Salary \_\_\_\_\_

Funding Source (Cost Center, Designated Gift or Grant, Fund, & Function)	Percentage Allocated

### Faculty Only:

One-time pay \_\_\_\_\_

Promotion & Tenure \_\_\_\_\_

Chair Stipend \_\_\_\_\_

Administrative Stipend \_\_\_\_\_

### Staff Only:

Proposed One-Time Bonus (*\$5000 limit/fiscal year for classified staff; the greater of \$5000 or 10% of base salary/fiscal year for University staff*) \_\_\_\_\_

Proposed Base Salary Increase (*15% limit for classified staff*) \_\_\_\_\_

Reason for Adjustment (*staff only*)

- Change in Duties/Responsibilities
- New Degree/Certification
- Internal Salary Alignment
- Counter Offer (written offer MUST be attached)
- Special Project
- Temporary Pay

Justification

Please provide details regarding the adjustment (i.e., the additional duties being assumed, the new degree or certification and how it will help the department, the priority to the institution, etc.).

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Required Approvals

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Supervisor/Department Head	Date
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Vice Chancellor	Date
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Human Resources	Date
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Budget Office	Date
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Chancellor	Date
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