



Compensation Adjustment Form

Employee Name _____

Title _____ Department _____

Current Salary/Hourly Rate _____

Proposed Effective Date _____ Proposed Salary _____

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

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

- 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.).

Required Approvals

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