

SALARY ADJUSTMENT FORM – Non-Represented Employees

Employee: Enter employee name Banner ID: 000000000
Job Title: Enter job title Effective Date of Adjustment: M/D/YYYY
School/College/Division: Enter S/C/D Department: Enter department
Supervisor Name and Title: Enter supervisor name/title Phone: ###-####

BUSINESS RATIONALE - *Indicate which of the following apply:*

[ ]  Promotional increase

[ ]  Salary adjustment is necessary to provide internal equity with peers

[ ]  Salary adjustment is necessary to correct salary compression caused by a new hire

[ ]  Salary adjustment is necessary to retain a key employee

[ ]  Other

**REQUIRED: Salary Adjustment Justification**

Provide narrative description of salary adjustment justification. Box will expand to fit your text.

Amount of Salary Adjustment [ ]  INCREASE or [ ]  DECREASE

Employee’s current base annual salary $

Amount of proposed increase (decrease) $  which is % of base pay

Employee’s NEW base annual salary $

For Temporary Salary Adjustments, please provide the Begin and End Dates of the assignment:

Begin Date: M/D/YYYY End Date: M/D/YYYY

Comment**:** Box will expand to fit your text.

**S**upervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: M/D/YYYY

Business Affairs Officer’s Signature (Funding Verification): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: M/D/YYYY

HR Director or Consultant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: M/D/YYYY

APPROVALS

Dean, Assistant/Associate/Sr. Associate Vice President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: M/D/YYYY

*Provost/Vice Presidential approval is required for any proposed salary increase that exceeds 10% and/or for any salary increase for an employee reporting directly to a Dean, Assistant/Associate/Sr. Associate Vice President.*

Provost/Vice President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: M/D/YYYY

*Presidential approval is required for any proposed salary increase for the Provost or Vice Presidents or for any salary increase for their direct reports.*

President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: M/D/YYYY