



Salary Increase Proposal

Required for any salary action of \$10,000 and above OR greater than 10%

Employee Name:	G #
Old Salary \$	Position #:
Salary Recommendation \$	Department:
\$ Amount of Increase	Requested Effective Date:
	% increase

Rationale for Salary Increase Proposal

AUTHORIZATIONS:

Name, Title, and Mail Stop of Requestor	Phone	Date

HR Liaison/Alternative Confidential Contact (*optional*)

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APPROVALS:

Office of the Dean: _____ _____
Date

Executive Council Member: _____ _____
Date

Salary Review Committee: _____ _____
Date