

# Salary Increase Authorization Form

Date Submitted:

College, School or Division:

HR DEPT ID:

Emp Name:

EMPLID:

Pos #

Job Code

Title:

Non-Exempt

Hrly Rate:

Exempt

BIW

MON

Current Ann Pay:

If home CSD above is not primary, enter CSD for Payment:

*A Non Exempt employee is typically not given an increase for additional duties that align with current standard duties. Additionally a non exempt employee is not typically allowed to receive a lump sum amount for performing additional work. Please consult HR.)*

Is this employee Benefit Eligible? Yes No FTE:

*Do not include benefit costs.*

Lump Sum Payment of:

Temporary Starting:

Ending:

Not to exceed:

Permanent Effective:

Proposed Hrly Rate:

Ann Amt of Inc:

New Annual:

% Inc:

Fully Endowed w/ Designated Funds

Fully Grant Funded

Fully Gift Funded

Other Funds

MoCode

Chartfield String:

If you check Other, please provide explanation of fund source.

Increases considered for approval will be one of the following reasons:

Reclassification

Internal Equity

CounterOffer

Retention

Additional Duties or Interim Position

Teaching additional course or increase in student contact hours

**Justification for the Payment.** What data do you have to support this request? *Does this payment reflect not filling a position and if so what is the name, title and salary of person who held that position? Please DO NOT include internal departmental memos or emails that simply request you process the payment.*

What other additional payments this employee received in the last 12 months?

HRF Signature

Dean or Executive Signature

**Request Status**

APPROVED

DECLINED