

# Salary Increase Authorization Form

Date Submitted:

College, School or Division:

HR DEPT ID:

Emp Name:

EMPLID:

Pos #

Job Code

Title:

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

Non-Exempt

Exempt

BIW

MON

Current  
Hourly Rate:

Current Ann  
Pay:

Is this employee Benefit Eligible? Yes

No

FTE:

Proposed Hrly Rate:

One time Payment of:

Temporary Starting:

Ending:

Not to Exceed

Permanent Effective:

Ann Cost of Inc:

Proposed  
Annual Inc:

% Inc:

Fully Endowed w/Designated Funds

Fully Grant Funded

Fully Gift Funded

MoCode

Fund

FISCAL Dept ID

PRG

PRJ

CL

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

Reclasification

Internal Equity

Retention

Additional Duties or Interim Position

Teaching additional course or increase in student contact hours

**Counter offer:** Due to the nature of a counter offer, these are likely more urgent and should be loaded separately and off cycle. Also email to alert that a counter offer has been loaded to Box.

**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?*

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

HRF Signature

Dean or Executive Signature

**Request Status**

APPROVED

DECLINED