



REQUEST FOR MID-YEAR PAY INCREASE

School/Department: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee I.D. Number : \_\_\_\_\_

CURRENT: PROPOSED: : Merit : Equity : Other

Pay: \$ \_\_\_\_\_ Pay: \$ \_\_\_\_\_ % Increase

Job Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Job Code: \_\_\_\_\_ Funding Source(s): \_\_\_\_\_

RATIONALE: (Attachment may be provided if necessary)

SALARY HISTORY: (LAST 3 to 5 YEARS)

Date Action Position Bonus Other Comp Pay %Inc % Total Comp Total Comp

INITIATED AND SIGNED BY:

Employee Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Supervisor's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL (More than 6%):

Dean/Vice President \_\_\_\_\_ Date: \_\_\_\_\_

Associate Sr. Vice President \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL (More than 10% and up to 25%):

Dean/Vice President \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Sr. Vice President \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL (More than 25%):

Provost or Sr. Vice President \_\_\_\_\_ Date: \_\_\_\_\_