# Off Cycle Pay Increase Approval Form-Staff

Employee Name: _____ EMPLID: _____

Title: _____ Department: _____

Current Salary: _____ Proposed Salary: _____ Percent Increase: _____

Proposed Effective Date (no sooner than start of current pay period): _____

Justification for increase:
Please include reason, amount of increase, and whether the department has the financial resources to cover the necessary expenses (i.e. salary & benefits)

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**Approvals Process:**
Academic Department staff- Department Chair > Dean> Provost > Vice Chancellor HREI > Chancellor

Non-Academic Department staff- Department Director > Vice Chancellor of Division > Vice Chancellor HREI > Chancellor

_____ _____
Department Chair/Director Date

_____ _____
Dean/Vice Provost Date

_____ _____
Provost/Vice Chancellor of Division Date

_____ _____
Vice Chancellor of HREI Date

_____ _____
Chancellor Date

HR Use Only

Primary Reason:
□ Counter Offer □ Market (Increase Based on External Market)
□ Equity (Internal Driven) □ Skill Based Pay
□ Other (Describe)_____

Please return completed form to your Human Resources Strategic Partner for processing.