

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)

Approvals Process:

Academic Department staff- Department Chair > Dean > Provost > Director of Human Resources > Chancellor

Non-Academic Department staff- Department Director > Vice Chancellor of Division > Director of Human Resources > Chancellor

Department Chair/Director _____
Date

Dean/Vice Provost _____
Date

Provost/Vice Chancellor of Division _____
Date

Director of Human Resources _____
Date

Chancellor _____
Date

HR Use Only

Primary Reason:

<input type="checkbox"/> Counter Offer	<input type="checkbox"/> Market (Increase Based on External Market)
<input type="checkbox"/> Equity (Internal Driven)	<input type="checkbox"/> Skill Based Pay
<input type="checkbox"/> Other (Describe) _____	

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