



NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

COLLEGE/DEPT: \_\_\_\_\_

[Campus Policy On Market Salary Increase](#)

In three or fewer typed pages, provide support for the request that a market based salary increase be granted.

Attach documentation supporting the market-base salary lag within the discipline or a bona-fide offer of employment from another college or university.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Submitted

RECOMMENDATION:            Yes            No

Justification:

\_\_\_\_\_  
Signature of the Department Committee Chair

\_\_\_\_\_  
Date

RECOMMENDATION:            Yes            No

Justification:

\_\_\_\_\_  
Signature of the Department Chair

\_\_\_\_\_  
Date

RECOMMENDATION:            Yes            No

Justification:

Amount of annual increase recommended: \_\_\_\_\_

% of Increase: \_\_\_\_\_ %

New Annual Salary: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Dean

\_\_\_\_\_  
Date

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APPROVAL:

Yes

No

Amount of annual increase approved:

\_\_\_\_\_

% of Increase:

\_\_\_\_\_ %  
\_\_\_\_\_

New Annual Salary:

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Effective Date of Increase:

\_\_\_\_\_ (must be an Academic Work Day)

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Signature of the Provost (*Designee for the President*)

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Date