



**CALIFORNIA STATE
UNIVERSITY, CHICO**
Office of Academic Personnel

Kendall Hall Room
104
400 W. 1st Street
Chico, CA 95929-

**Faculty Application for
Market Salary Increase**

NAME: _____ DATE OF APPLICATION: _____

COLLEGE/UNIT: _____

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

Attach documentation supporting the market-based 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 Attached

Signature of the Department Committee Chair _____
Date

RECOMMENDATION:

Yes No Justification Attached

Signature of the Department Chair _____
Date

RECOMMENDATION:

Yes No Justification Attached

Amount of annual increase recommended: \$ _____
% of Increase = _____ %
New Annual Salary: \$ _____

Signature of the Dean _____
Date

APPROVAL:

Yes No

Amount of annual increase approved: \$ _____
% of Increase = _____ %
New Annual Salary: \$ _____
Effective Date of Increase: _____ (must be an Academic Work Day)

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