

**SPECIAL PAY INCREASE REQUEST FOR
 ADMINISTRATION AND STAFF
 General Form**

Employee Name _____ Employee ID # _____ College/Division _____

Organizational Unit _____ Account # _____ Current Class Title _____ Position # _____

Beginning Date of Increase: _____ End Date of Temporary SPI: _____

Current Biweekly Base Salary: \$ _____ (minus salary additives)
 Amount of Biweekly Increase \$ _____ % of Current Biweekly Salary: _____ %
 New Biweekly Salary: \$ _____ New Annual Salary: \$ _____

Please check below and provide the documentation specified in the procedure (Exhibit SPI.3):

- Increased Duties
 - Permanent
 - Temporary
- Counter-Offer
- Retention of Employee*
- Salary Inequity*/Compression*
- Market Adjustment*
- Delayed Salary Increase (more than 12 months after hire or promotion action)

Initiator Name (Print) _____ Title _____ Signature _____ Date _____

() _____ () _____
 Recommended/Approved Not Recommended/Disapproved Signature of VP/Provost or Designee Date

*If the requested increase exceeds 20% of the employee's base rate of pay for retention, salary inequity/ compression, or market adjustment, the following additional approvals are required:

() _____ () _____
 Recommended Not Recommended Signature of Assoc. VP for HR (or Designee) Date

() _____ () _____

Approved

Disapproved

Signature of Executive VP (or Designee)

Date