

## SPECIAL PAY REQUEST FOR A&P AND USPS 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