

Salary Increase & Extra Compensation Authorization Form

Date				
Emplid	Employee Name	Job Title	College, School or Division	Home Department HR DEPT ID

FLSA Status		Exempt		Non-Exempt	Job Code
Benefit Eligible		Yes		No	FTE
Pay Group		Monthly		Bi-weekly	Current Salary
If Academic, select		9mo		12mo	PT Academic Semester Pay

Salary Increase Details							
Lump Sum Payment of							
Permanent Increase of		New Salary		Percent Increase		Effective Date	
Temporary Increase of		Not to Exceed		Start		End	

Reason for Request (Select only one)	
<input type="checkbox"/>	Counter Offer
<input type="checkbox"/>	Retention
<input type="checkbox"/>	Reclassification
<input type="checkbox"/>	Internal Equity/Market
<input type="checkbox"/>	Interim Title or Additional Duties
<input type="checkbox"/>	Additional Course, Credit Hours, or Students
<input type="checkbox"/>	Award

Funding Information	
Funding Department HR DEPT ID	
<input type="checkbox"/>	Budgeted
<input type="checkbox"/>	Fully Gift Funded
<input type="checkbox"/>	Fully Grant Funded
<input type="checkbox"/>	Fully Endowed w/Designated Funds
MoCode Information	
MoCode	

For extra compensation related to TEACHING, increased course load, or number of students, please provide the following details in addition to any other narrative in the justification section.				
Fall/Spring/Summer	Course #	Section	Credit Hours	# of Students

Is this salary increase accounted for in your current fiscal year salary budget? If no, please attach a funding plan signed by your fiscal officer, for review.

Salary Increase & Extra Compensation Authorization Form

Please provide justification for this request. Does this request reflect not filling a budgeted position? If so, what is the name, title and salary of the person who last held the position?

What additional payments or increases has this employee received in the last 12 months?

Provide information about current research, scholarly, and advising/service-related activities (faculty) OR current administrative duties (staff)

Current Teaching Workload

Fall/Spring/Summer	Course #	Section	Credit Hours	# of Students

Approvals

HRBP/HRF for Funding Unit	Date	Exec for Funding Unit (Dean, Dir, Unit Head)	Date
Home Department HRBP/HRF	Date	Exec for Home Dept (Dean, Dir, Unit Head)	Date
Fiscal Officer for Funding Unit	Date	Provost/VC Human Resources or Designee - FINAL	Date

APPROVED

DENIED