

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

Dept. Committee Recommendation:  Grant  Do not Grant

Justification:

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

\_\_\_\_\_  
Date

Dept. Chair Recommendation:  Grant  Do not Grant

Justification:

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

\_\_\_\_\_  
Date

Dean Recommendation:  Grant  Do not Grant

Justification:

Amount of Annual Increase Recommended: \_\_\_\_\_

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

New Annual Base Salary Recommended: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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Provost Approval:

Grant

Do not Grant

Amount of Annual Increase Approved: \_\_\_\_\_

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

\_\_\_\_\_  
%

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

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