Faculty Salary Increase Request

This form is to be used for requesting salary increases for represented full-time faculty, as described in CBA Article 18.6. The Article’s provisions do not apply to academic administrators, non-represented and/or part-time faculty.

Faculty Member’s Name: _______________________________ Rank: _________________
College/School/Unit: ___________________________________ Dept.: _________________

Proposed action (per Article 18.6): Check one box.

_____Competitive offer from another Institution

Faculty member’s current FY salary: ___________
FTE_______ Term length______
Proposed Increase amount: _________________ Revised salary: ___________

_____Adjusting for anomalously low salary

Faculty member’s current FY salary: ___________
FTE_______ Term length______
Proposed Increase amount: _________________ Revised salary: ___________

_____One-time, non-continuing salary money for outstanding professional contributions

Proposed One-Time award: ___________
Area(s) of Outstanding Contribution: _______________________________________

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Effective Date of Base Increase or One-Time Award: __________________________

Dean Signature Date

Provost Signature Date

Please route to:

Jim O. Vigoreaux, Associate Provost for Faculty Affairs

Updated 11/15