Faculty Salary Increase Request

**This form is to be used for requesting salary increases for represented full-time faculty, as described in CBA Article 18.7. The Article’s provisions *do not* apply to academic administrators, non-represented and/or part-time faculty.
*Fill out the form completely - incomplete requests will be returned***

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Member’s Name: |  | Rank: |  |
| College/School/Unit: |  | Department: |  |
|  |
| Proposed Action, per Article 18.7 (*select one*): |
|  | Competitive Offer from Another Institution**\***: |
|  | Faculty Member’s Current FY Salary: |  |  |
|  | FTE: |  |  | Term Length: |  |
|  | Proposed Increase Amount: |  | Revised Salary: |  |
|  | ***\*****include evidence of offer* |
|  | Adjusting for Anomalously Low Salary**\***: |
|  | Faculty Member’s Current FY Salary: |  |  |
|  | FTE: |  |  | Term Length: |  |
|  | Proposed Increase Amount: |  | Revised Salary: |  |
|  | **\****Include the following in an Excel file for comparable positions in the Unit: salary, years since terminal degree, years at UVM, years at rank* |
|  | One-time, Non-continuing Salary Money for Outstanding Professional Contributions |
|  | Proposed One-time Award: |  |  |
|  | Areas of Outstanding Contribution: |  |
|  |  |
|  |  |
|  |  |
|  |
| Effective Date of Base Increase or One-time Award: |  |
|  |  |
| Dean Signature: |  | Date: |  |
|  |
| Vice Provost Signature: |  | Date: |  |
|  |

Please Route To: Jennifer Diaz (jennifer.diaz@uvm.edu), Division of Faculty Affairs