Salary Increase & Extra Compensation Authorization Form

Date										
Emplid	Employee	Employee Name		le	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 Acade	mic Semester Pay				
			Salary	/ Increase	Details					
Lump Sum Payment of										
Permanent Increase of		New Salary		Perc	cent Increas	e		Effective Date		
Temporary Increase of		Not to Exc	eed	New	v Pay Rate		Start	End	d	
Reason for Request (Select only one)				Funding Information						
Counter Offer					Funding Department HR DEPT ID					
Retention					Budgeted					
Reclassification					Fully Gift Funded					
Internal Equity/Market					Fully Grant Funded					
Interim Title or Additional Duties					Fully Endowed w/Designated Funds					
Additional Course, Credit Hours, or Students					MoCode Information					
Award					MoC	MoCode				
For extra compensation rela	ted to TEACHING	increased (course load, or nun	nher of stud	lants plaasa	provide the following	na deta	ils in addition to an	other parrative	
in the justification section.	ted to TEACHING	s, ilici cascu (ourse load, or man	inder or stud	ieiits, piease	provide the following	iig ucta	ins in addition to any	other harrative	
		Course # S		Section		Credit Ho	Credit Hours		# of Students	
Is this salary increase accour	ted for in your	current fiscal	year salary budget	? If no, plea	ase attach a f	unding plan signed	by you	r fiscal officer, for re	view.	

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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?														
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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 # c		f Students								
Approvals														
HRBP/HRF for Funding Unit	Dat	e	Exec for Funding	Exec for Funding Unit (Dean,Dir, Unit Head)										
Home Department HRBP/HRF	Dat	е	Exec for Home I	Date										
Fiscal Officer for Funding Unit		е	Provost/VC Hun	Date										
APPROVED			DENIED											