

	S	alary In	crease \	Works	sheet	Date:	
Please use this form duties. Such increas <b>Note: Increase req</b>	ses do not n	eed approval fro	om HR Compens	ation.			
Employee Name:			Position	Number:			
Employee ID:			Job Cod	e:			
Department:			College/	/Division:			
Requestor Name:			Request	or Title:			
Current Rate:			\$ Increa	ise:			
Requested Rate:			% Incre	ease:			
meritorious  2. Explain ho  Include deta and within t	c duties/mecommende performance w the requils as to whe he departments as received in	neritorious per d that staff rece e increase. est will positivere this request ent, college/division the last 12 mo	vely affect intervil place the ersion and Universionths.  y be eligible for	t warrant to er conversa ernal equitation equitation equitation. Also incommended to extend the extended the extended to extend the extended the extended to extend the extended the ex	the increase. tions as suppo ty. ative to others clude previous nal compensa	rt documer in the sam increases t	ne position he
					Use addi	tional sheet	if necessary.
Confirm the	<b>Follow</b>	ing			220 000		
	nt meets the	eligibility of off-	-cycle merit or a	dditional du	ıties detailed ir	the <u>Comp</u>	ensation
☐ A review of in	ternal equity	within departm	nent, college/div	ision and U	niversity has b	een comple	eted.
College/division re	viewed:	☐ Yes ☐ No	Reviewer:				

☐ Yes ☐ No Reviewer:

Revision Date: 3/23/23

**HR Partner reviewed:**