

Salary Increase & Extra Compensation Authorization Form

Prior authorization must be approved for all salary actions that results in a pay increase that totals **\$500** or more. Form must be completed and signed by the appropriate parties before submission.

Date				
Emplid	Employee Name	Title	College, School or Division	Home Department HR DEPT ID

FLSA Status	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt
Benefit Eligible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pay Group	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-weekly
If Academic, select	<input type="checkbox"/> 9mo	<input type="checkbox"/> 12mo

Job Code	
FTE	
Current Salary	
PT Academic Semester Pay	

Salary Increase Details (choose one option below)							
1	Lump Sum Payment of		Start		End		
2	Permanent Increase of		New Salary		Percent Increase		Effective Date
3	Temporary Increase of		Not to Exceed		Start		End

Reason for Request	
	Counter Offer
	Retention
	Reclassification
	Internal Equity/ Market
	*Interim Title or Additional Duties
	Additional Course, Credit Hours, Students, or Performance
	Award

Funding Information	
Funding Department HR DEPT ID	
<input type="checkbox"/> Budgeted	
<input type="checkbox"/> Fully Gift Funded	
<input type="checkbox"/> Fully Grant Funded	
<input type="checkbox"/> Fully Endowed w/Designated Funds	
MoCode Information	
MoCode	

For extra compensation related to TEACHING, increased course load, or number of students, please provide the following details in addition to any other narrative in the justification section.				
Fall/Spring/Summer	Course #	Section	Credit Hours	# of Students

Is this salary increase accounted for in your current fiscal year salary budget? If no, please attach a funding plan signed by your fiscal officer, for review.

*All temporary pay or interim duties increase requests must be submitted with a unsigned draft MOU (or offer letter if applicable). Approved templates are available in the Compensation resource folder in Teams

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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?

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Provide information about current research, scholarly, and advising/service-related activities (faculty) OR current administrative duties (staff)

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Current Teaching Workload

Fall/Spring/Summer	Course #	Section	Credit Hours	# of Students

Approvals

HRBP/HRF for Funding Unit	Date	Exec for Funding Unit (Dean,Dir, Unit Head)	Date
Home Department HRBP/HRF	Date	Exec for Home Dept (Dean, Dir, Unit Head)	Date
Fiscal Officer for Funding Unit	Date	Provost/VC Human Resources or Designee - FINAL	Date

	APPROVED
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	DENIED
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