

FSU REQUEST FOR SALARY ADJUSTMENT

FSU Salary Adjustment Justification Form must accompany all salary adjustment requests of 15% or more and \$10,000, cumulatively fiscal year to-date, based on the prior June 30 base salary.

Name of Employee:	Banner Number:
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Employee Type:

College/School:

Current Rank/Title:

Department:

Proposed Rank/Title:

Position #:

Proposed Effective Date:

June 30 Salary:	\$		
Current Salary:	\$		
Source:	State Funds (\$):	Non-State Funds (\$):	
	Source of Non-State Funds:		

Proposed Salary:	\$		
Source:	State Funds (\$):	Non-State Funds (\$):	
	Source of Non-State Funds:		

Total Amount of Increase from Current Salary:	\$
Percent of Increase from Current Salary:	
Percent of Increase from June 30 Salary:	

Salary Code:

Justification for Salary increase:

Submission Instructions:

Please submit with recommendation forms and authorization forms.

APPROVALS:

Unit Manager Signature Date

Provost/Vice Chancellor Signature Date

Chancellor Signature (required for 10% or greater) Date

For Internal Use Only:

Compensation Review (Name and Date):

Forwarded to BOG/OSP (Date):