FLORIDA ATLANTIC UNIVERSITY
REQUEST FOR SPECIAL PAY INCREASE

DEPARTMENT NAME: ___________________________ POSITION NO.: ___________________________

EMPLOYEE NAME: ___________________________ CLASS TITLE: ___________________________

CLASS CODE: ___________________________ PAY GRADE: ___________________________

CURRENT SALARY: ___________________________ NEW SALARY/BONUS: ___________________________

PERCENT INCREASE: ___________________________ EFFECTIVE DATE: ___________________________

Form Prepared By: ___________________________ Phone #: ___________________________

APPROVAL CATEGORY: (circle one)

- Assigned duties (1)
- Retention (2)
- Counter Offer (2)
- Internal Salary Inequity (2)
- Compression (2)
- Superior Performance (2)
- Career Development (2)
- Bonus (2)

ATTACHMENT REQUIREMENTS:

Please attach summary of circumstances and justification for this Special Pay Increase.

Items with (1) require a new position description.
Items with (2) require specific written documentation as outlined in the Procedure.

RECOMMENDATION BY SUPERVISOR:

☐ Approve  ☐ Disapprove ___________________________ Date: ___________________________

Comment: ___________________________

REVIEW/RECOMMENDATION BY DEPARTMENT DEAN/DIRECTOR:

☐ Approve  ☐ Disapprove ___________________________ Date: ___________________________

Comment: ___________________________

REVIEW/RECOMMENDATION BY DIVISION OF SPONSORED RESEARCH (if applicable):

☐ Approve  ☐ Disapprove ___________________________ Date: ___________________________

Comment: ___________________________

REVIEW/RECOMMENDATION BY SR. VICE PRESIDENT/VICE PRESIDENT/PROVOST:

☐ Approve  ☐ Disapprove ___________________________ Date: ___________________________

Comment: ___________________________

REVIEW/RECOMMENDATION BY DIRECTOR OF PERSONNEL SERVICES:

☐ Approve  ☐ Disapprove ___________________________ Date: ___________________________

Comment: ___________________________

RECOMMENDATION BY SR. VICE PRESIDENT FOR FINANCE AND CHIEF OPERATING OFFICER:

☐ Approve  ☐ Disapprove ___________________________ Date: ___________________________

Comment: ___________________________

FINAL ACTION APPROVAL BY UNIVERSITY PRESIDENT:

☐ Approve  ☐ Disapprove ___________________________ Date: ___________________________

Revised 12/01/01