



# FY - 2019-20 Increase Exception Form

Employee Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ Personnel #: \_\_\_\_\_

Performance Rating: \_\_\_\_\_ Date of last performance review: \_\_\_\_\_

Unit/Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Current Base Annual Salary: \_\_\_\_\_

Proposed Base Annual Salary: \_\_\_\_\_ Proposed Percent (%) Increase to Base Annual Salary: \_\_\_\_\_

**Type of Increase Exception: (more than one may be selected, if appropriate)**

0% increase

Increase equal to 10% or greater

**Explanation Type: (more than one may be selected, if appropriate)**

Internal Equity

Promotion

Performance (include latest performance evaluation)

Merit

External Market

Other (explain in full)

**Justification for Increase Exception: (for all - if need additional space for explanation, attach a document with form)**

**Funding Source(s):** (Select all that apply)

State Aided:  Auxiliary:  Grants & Contracts:  Other:  (explain below)

**Explanation:** (if other)

**Approvals:**

Person Requesting Exception: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Chancellor (If ≥ 10%): \_\_\_\_\_ Date: \_\_\_\_\_

**Please send signed approved form to Human Resources EAB 205, Fax:4-3777.**