



FY - 2021-2022 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 Compensation, Fax:4-3777.