



EQUITY AND SPECIAL INCREASE FORM

FISCAL YEAR 2024 - 2025

HRMSR322

28-FEB-24 12:28 PM

Name  Employee ID  Primary Assignment Number

Department Number and Name  Admin Unit

Salary Authority Department  Salary Authority Dept Name

Effective Date  People Group

Title  Employment Category

Current Base Salary \$  Salary Basis  CCA Type

Funding Sources and Percentages

Notes

Proposed Merit Increase \$  and %

Equity Increase Request \$  and %

Special Increase Request \$  and %

Total Increase \$  and %

Proposed Salary \$

Justification

Program/Service Impacts of this Reallocation

Department Approvals \_\_\_\_\_ Date \_\_\_\_\_

Dean/Vice President Approvals \_\_\_\_\_ Date \_\_\_\_\_

Provost/President Approval \_\_\_\_\_ Date \_\_\_\_\_

Central Review Process \_\_\_\_\_ Date \_\_\_\_\_