



EQUITY AND SPECIAL INCREASE FORM

FISCAL YEAR 2019 - 2020

HRMSR322

06-MAR-19 11:48 AM

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 NTT 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 _____