|  |  |  |
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| **CALS logo_4c_C.pngRequest to Proceed with** **Rate Adjustments/Lump** **Sum Payments Form** | Date submitted: |  |
| Individual submitting request: |  |
|  |  |

|  |  |
| --- | --- |
| Employee Name: |  |
| Empl ID: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Rate Adjustment |  | Department UDDS: |  |
|[ ]  Lump Sum Payment |  | Department Name: |  |
|  |  |  |  |  |
|  |  |  | Funding: | % | Fund | Dept ID | Project |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
|[ ]  Academic Staff |  | Job Code: |  |
|[ ]  Faculty |  | Official Position Title: |  |
|[ ]  Limited |  | Working Title: |  |
|[ ]  Temporary |  |  |  |
|[ ]  University Staff |  | Rate Adjustment: |
|  |  |  | Salary Change Reason: |  | Choose an item. |
|  |  |  | Current Salary/Wage: |  |
| FTE: |  |  | Proposed Adjustment: | Increase %: |  |
|  |  |  |  | Increase amount: |  |
| Effective Date: |  |  | New Salary/Wage: |  |
|  |  |  |  |  |
|  |  |  | Lump Sum Payment: |
|  |  |  | Amount: |  |

|  |  |
| --- | --- |
| Justification/need for rate adjustment or lump sum payment: |  |
| Note: File documentation must include performance adjustment dates, equity data, market data, resumes, and applicable other information necessary to evaluate requests. |
| Additional notes if applicable: |  |

|  |  |  |  |
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| CALS HR Manager Approval: |  | Date: |  |
| CALS HR Director Approval: |  | Date: |  |
| Dean Approval: |  | Date: |  |