|  |  |  |
| --- | --- | --- |
| **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 |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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: |  |

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