



# Personnel Salary Increase Request

Note: This form is to be utilized for compensation band specific salary increases not involving a change in essential tasks.

**Employee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Current Salary:** \_\_\_\_\_

**Recommended Salary:** \_\_\_\_\_

**Justification for Salary Increase: [Note: Attach current performance appraisal.]**

Justification should document and provide information indicative of exceptional contribution to the mission of the college, performance or major goal achievement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval:

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Vice President Date

\_\_\_\_\_  
Compensation Manager Date

\_\_\_\_\_  
Human Resources Director Date

\_\_\_\_\_  
Budget Manager Date

Approved Document Received by Human Resources Department: Date \_\_\_\_\_

Requester Notified: Date \_\_\_\_\_ Entered: Date \_\_\_\_\_