

UNIVERSITY OF HAWAI'I SPECIAL SALARY ADJUSTMENT REQUEST FORM

To be completed by the Faculty Member or Nominator and submitted to the Dean/Director/Provost			
<input type="checkbox"/> Self Applied		<input type="checkbox"/> Nominated by:	
Legal name:		Department:	
Rank:	Current Annual Salary: \$	College/Unit:	Campus:
Basis: <input type="checkbox"/> Merit <input type="checkbox"/> Equity <input type="checkbox"/> Market <input type="checkbox"/> Retention		Requested adjustment amount: \$	

The following information should be attached (**combined attachments are limited to a total of no more than 5 pages**):

Request or nomination memo and one or more of the following: ❶ If basis is *merit*, a copy of your abbreviated CV; ❷ If basis is *equity*, the salary analysis with comparable faculty; ❸ If basis is *market*, the salary analysis with peer institutions; and/or ❹ If basis is *retention*, a copy of the offer letter.

Faculty Member or Nominator's Signature

Date

Date Received	Received By	Date Forwarded	Recommendation/Decision
	Dean/Director/Provost		(To Department/Division for consultation)
	Department/Division _____ Signature Date		# _____ support request # _____ do not support request # _____ no comment # _____ written comments attached
	<i>My college/unit has the funds available to support this salary adjustment and that funding this adjustment will not have a negative impact upon the programs, faculty workload and department/division resources.</i> Dean/Director/Provost _____ Signature Date		<input type="checkbox"/> Recommended adjustment amount: \$ _____ Recommended effective date: _____ <input type="checkbox"/> Recommend no adjustment at this time
	Chancellor _____ Signature Date		<input type="checkbox"/> Recommended adjustment amount: \$ _____ <input type="checkbox"/> Recommend no adjustment at this time
	President		(To UHPA for consultation)
	UHPA _____ Signature Date		<input type="checkbox"/> Support <input type="checkbox"/> Do Not Support <input type="checkbox"/> Other: _____
	President _____ Signature Date		<input type="checkbox"/> Approved adjustment amount: \$ _____ Effective date of adjustment: _____ <input type="checkbox"/> Denied
	UHPA _____ Signature Date		<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur