

After entering the requested information below and confirming support where indicated, the unit loads the completed form into Workday to route for review and approval. Please visit the Office of Academic Personnel (OAP) website for details on the [retention policy and request procedure](#). **Incomplete forms will be returned for revision and may result in a delay of approval.**

Appointment Details

Last Name	First Name	MI	Employee ID (not SSN)
Job Title/Rank	Department/School (if applicable)	School/College/Campus	

Retention Type

Effective Date

Compensation Details

If competitive retention, name of external entity making offer:

Merit Eligibility

Current monthly base salary
Proposed monthly base salary
Annualized increase in dollars
Percent of increase

Provide a brief justification for the retention that assesses the individual's merit and value to the institution and describes the circumstances warranting a retention salary adjustment. Append additional page as needed.

By checking the following boxes, the unit attests that the following criteria are accurate and understood.

- Request is made in compliance with required consultative processes as described in [Faculty Code 24-71 B-3](#)
- Individual has not received a retention salary adjustment within the preceding three years
- Individual is not an assistant professor entering or in the mandatory promotion review period
- Retention salary adjustment effective date is prospective, not retroactive
- Individual was determined to be meritorious in the most recent merit evaluation
- Salary increase can be paid within existing resources

Provide an explanation if any of the boxes above were left unchecked.

By checking the box and dating below, I confirm my support for this retention salary adjustment.

Department Chair/Director/Campus Dean Name (printed) _____ Date _____

Dean/Chancellor Name (printed) _____ Date _____