

This form must be reviewed and approved by the Office of the Provost before being processed in Workday. Please visit the Office of Academic Personnel (OAP) website for details on the [FY20-21 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/Program (if applicable) School/College/Campus

Retention Type	Effective Date	Compensation Details
		Current monthly base salary
If competitive retention, name of external entity making offer:	Merit Eligibility	Proposed monthly base salary
		Annualized increase in dollars
		Percent of increase

Describe retention circumstances, emergency nature of request, and value faculty member brings. Append additional page as needed.

Describe consultative process as provided for in [UW Faculty Code Section 24-71 B-3](#) and describe faculty support for retention.

Note: If unit has a policy limiting the level of consultation conducted by the faculty, append a copy of policy and indicate date last affirmed/amended.

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

- 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 is a 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 for any boxes left unchecked above.

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

Provost or Designee Name (printed) Date