

RETENTION SALARY ADJUSTMENT FORM

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. Once provost-level review and approval is completed in Workday, the unit provides the employee with written notification that articulates:

- Approved new monthly base salary and its effective date
- Either eligibility for or preclusion from the next merit salary adjustment
- Ineligibility for another retention increase for three years from the approved retention's effective date
- An expectation that the employee will remove themselves from consideration in current, active recruitments by other institutions/employers

Incomplete forms will be returned for revision and may result in delay of approval.

Appointment Details				
Last Name	First Name	MI	Employee ID (not SSN	1)
Job Title/Rank	School/College/Campus			
Retention Type	Effective Date	Com	pensation Details	
		Cui	rent monthly base salary \$	
If competitive retention, name of external entity making offer:	Merit Eligibility	Prop	osed monthly base salary \$	
		Annı	ualized increase in dollars \$	
			Percent of increase	%
Individual is not entering or in Retention salary adjustment ϵ	ne unit attests that the following of retention salary adjustment within the mandatory promotion review effective date is prospective, not rebuild the most recen-	n the preceding t v period etroactive	hree years	
Salary increase can be paid wi				
Provide an explanation if any of the	boxes above were left unchecked			
By checking the box and dating be	low, I confirm my support for thi	s retention salar	y adjustment.	
Supervisor Name (printed)		Date		
Dean Name (printed)		Date		