RECOMMENDATION FOR COMPENSATION INCREASE FORM FOR CSUB AUXILIARY FOR SPONSORED PROGRAM ADMINISTRATION EMPLOYEES

Employee Name:	mployee Name: Department:		
Auxiliary Classification	and Working Title:		
Date of Last Performance Evaluation: Overall Rating of Last Performance Evaluation:			
SALARY INFORMATION Current Salary: \$		Amount of Increase: \$	
New Salary: \$ Recommended Effective Date of Increase:			
Requested By: Name	of Requesting Supervisor/Manager (Prin	Date Requested:	
Signat	ture		
TYPE OF SALARY INC	REASE		
MERIT (PERF	ORMANCE-BASED)	EQUITY	
RECLASSIFIC	CATION OR SKILL LEVEL CHANGE	OTHER:	
	ENTS (TEMP. RECLASSIFICATION)		

JUSTIFICATION: Manager must provide a written statement justifying any type of salary increase. (Additional information may be attached to this form, if necessary).

Page 2 - CSUB AUXILIARY FOR SPONSORED PROGRAMS ADM COMPENSATION INCREASE FORM

EMPLOYEE NAME:	DEPARTMENT:			
REQUIRED APPROVAL SIGNATURES				
Principal Investigator/Department Head:				
	Date:			
Associate Provost for Grants and Resource Management:				
	Date:			
Provost and Vice President for Academic Affairs:				
	Date:			

HUMAN RESOURCES REVIEW AND APPROVAL OF ACTION (for HR Use Only)			
Approved Percentage:			
Approved Amount \$:			
Approved Salary \$:			
Effective Date:			
Director of Human Resources Approval:	Date:		