

SPECIAL OFF-SCALE SALARY ADJUSTMENT

(NO CHANGE IN RANK OR STEP)

NAME:

DEPARTMENT:

(LAST NAME, FIRST)

PRESENT STATUS

PROPOSED STATUS

Rank & Step:		Salary Rate:	9 / 11
Salary Rate:	9 / 11	Effective Date:	
Years at Rank:	Years at Step:		

PROPOSED RETURN TO SCALE SCHEDULE

**A CURRENT, UP-TO-DATE HISTORY RECORD IS REQUIRED
INSERT IMMEDIATELY FOLLOWING THIS PAGE**

ATTACHMENT

Attach a detailed letter of justification for salary adjustment from the Department Chair to the Dean. If the Dean does not have final approval authority, include a statement or separate letter of support from the Dean addressed to the Chancellor.

DEAN'S ACTION:

DATE:

CHANCELLOR'S ACTION:

DATE: