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CALIFORNIA STATE UNIVERSITY, LOS ANGELES

# FACULTY APPLICATION FOR MARKET SALARY INCREASE

NAME: _____ DATE OF APPLICATION: _____

COLLEGE/DEPT: _____

Campus Policy on Market Salary Increase

In three or fewer typed pages, provide support for the request that a market based salary increase be granted.

Attach documentation supporting the market-base salary lag within the discipline or a bona-fide offer of employment from another college or university.

_____ _____
Signature of Applicant Date Submitted

Dept. Committee Recommendation: ☐ Grant ☐ Do not Grant

Justification:

_____ _____
Signature of the Department Committee Chair Date

Dept. Chair Recommendation: ☐ Grant ☐ Do not Grant

Justification:

_____ _____
Signature of the Department Chair Date

Dean Recommendation: ☐ Grant ☐ Do not Grant

Justification:

Amount of Annual Increase Recommended: _____

% of Increase: _____ %

New Annual Base Salary Recommended: _____

_____ _____
Signature of the Dean Date

Provost Approval: ☐ Grant ☐ Do not Grant

Amount of Annual Increase Approved: _____

% of Increase: _____ %

New Annual Base Salary: _____

Effective Date of Increase: _____ (must be an Academic Work Day)

_____ _____

Signature of the Provost *(Designee for the President)* Date