

## REQUEST FOR INDIVIDUAL SALARY ADJUSTMENT OUTSIDE THE ANNUAL MERIT CYCLE

Equity-related salary increases must adhere to the following schedule: Submissions by October 1<sup>st</sup> will result in a November 1<sup>st</sup> effective date, submissions submitted by February 1<sup>st</sup> will result in a March 1<sup>st</sup> effective date. Submissions after March 1<sup>st</sup> will be processed through SALX with an effective date of July 1<sup>st</sup>.

For salary increases related to Retentions, Salary Decreases, Salary Mistakes, and Position Changes (promotion or changes in duties/responsibilities), the earliest allowable effective date is the 1st of the following month. For instance, an increase requested on September 17<sup>th</sup> will take effect on October 1<sup>st</sup>. **Please note that salary changes related to Position Changes (promotion or changes in duties/responsibilities) are processed through TMS position modifications and promotional announcements.** [See webpage for further guidance.](#)

Request Initiator
Information on Individual Recommended for Salary Adjustment
Name: _____ Department: _____
Current Title: _____ Position #: _____
Current Salary: _____ Requested New Salary: _____
Today's Date: _____ Requested Start Date for New Salary: _____
<b>Salary History of Individual in Current Position- previous 3 fiscal years:</b>
7/1/_____ \$ _____ % of Change _____
7/1/_____ \$ _____ % of Change _____
7/1/_____ \$ _____ % of Change _____
<b>Funding Sources and Percentages (example: 1-3=50%; 1-5=10%; 5-3=40%):</b>
<b>CUPA and/or Department Salary Comparison Data for Individual:</b>
Support for Salary Adjustment
<input type="checkbox"/> Retention <span style="margin-left: 200px;"><input type="checkbox"/> Salary Decrease</span>
<input type="checkbox"/> Equity <span style="margin-left: 150px;"><input type="checkbox"/> Contract Date is Different from July 1</span>
<input type="checkbox"/> Other: _____
<b>Narrative Justification/Rationale for the Proposed Salary Adjustment.</b> Provide the rationale for the salary adjustment being made outside of the normal fiscal year cycle. Show how this adjustment supports the Department/College salary and strategic plans. (Use additional sheets as necessary):

Approved Salary: \$ \_\_\_\_\_ Approved Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Department Head/Director Date Dean/Vice President Date

\_\_\_\_\_  
HR Classification and Compensation Date  
[HR\\_CCA@colostate.edu](mailto:HR_CCA@colostate.edu)

**After all signatures are obtained, route the form back to the initiator and send a copy to [HR\\_Operations\\_Resources@colostate.edu](mailto:HR_Operations_Resources@colostate.edu)**