

REQUEST FOR INDIVIDUAL SALARY ADJUSTMENT OUTSIDE THE ANNUAL MERIT CYCLE

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

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 17th will take effect on October 1st. **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: _____ |
| Salary History of Individual in Current Position- previous 3 fiscal years: | |
| 7/1/_____ | \$ _____ % of Change _____ |
| 7/1/_____ | \$ _____ % of Change _____ |
| 7/1/_____ | \$ _____ % of Change _____ |
| Funding Sources and Percentages (example: 1-3=50%; 1-5=10%; 5-3=40%): | |
| | |
| CUPA and/or Department Salary Comparison Data for Individual: | |
| | |
| Support for Salary Adjustment | |
| <input type="checkbox"/> Retention | <input type="checkbox"/> Salary Decrease |
| <input type="checkbox"/> Equity | <input type="checkbox"/> Contract Date is Different from July 1 |
| <input type="checkbox"/> Other: _____ | |
| Narrative Justification/Rationale for the Proposed Salary Adjustment. 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): | |
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| | |

Approved Salary: \$ _____ Approved Effective Date: _____

| | | | |
|--------------------------|------|--|------|
| Department Head/Director | Date | Dean/Vice President | Date |
| Business Officer | Date | HR Classification and Compensation | Date |

After all signatures are obtained, route the form back to the initiator and send a copy to HR_Operations_Resources@colostate.edu