



Compensation Change Request Form

Purpose: To change a faculty member's base salary. Not to be used for changes to special administrative components.

Name: _____ Contact Name: _____
 UNM ID: _____ Contact Phone: _____
 Department: _____
 ORG: _____ Position Number: _____

Effective Date of Change: _____

Prior Base Salary: \$ _____
 Proposed Base Salary: \$ _____
 Increase Amount: _____

Academic Year
Fiscal Year

Appointment % (FTE): _____

Indicate the type of increase and the associated increase amount:

Merit: \$ _____ Retention \$ _____
 Equity: \$ _____ Other \$ _____

Date of most recently completed annual review: _____

Justification: Please provide justification of requested changes.

Labor Distribution: Note future dated labor distributions changes are to be submitted via a Labor Distribution Change EPAF. Labor distribution must equal 100%.

Index	Percent	Index	Percent		Index	Percent	Index	Percent

Faculty Member (If Applicable) Date

Dean Date

Chair/Director Date

Sr. Vice Provost (If Applicable) Date

Compensation Change Request Instructions

Purpose: To be used to request an increase to a faculty member's base salary during the current contract period. This form is not intended to be used to extend a non-continuing appointment, change or add a SAC, or change in rank or title.

The forms work best when viewed using Internet Explorer or Mozilla Firefox. The built in calculations are not always compatible with Google Chrome.

Definitions:

Prior Base Salary: Full-time equivalent base salary that is currently in effect.

Proposed Base Salary: Full-time equivalent base salary that is being requested.

Note: The base salary refers to the full-time (1.0 FTE) Academic Year or Fiscal Year base salary. It does not include SACs. Check the Academic year or Fiscal Year box to indicate the appropriate base salary based on the faculty member's appointment.

Appointment Percent: The faculty member's FTE. The total salary paid to the faculty will be based on the faculty member's base salary and appointment percent.

Merit/Equity/Retention/Other: Indicate the amount of the increase and the type of increase being requested. When selecting "Other" please describe the reason for the increase in the justification section. For example: Base salary is increasing by \$1000. \$500 is for merit and \$500 is an equity increase.

Merit: Annual increase based on faculty member's performance. Current performance review must be completed for this type of increase. See the current budget guidelines for guidelines regarding merit increase guidelines.

Equity Increase: Increase based on departmental equity assessment. Requires additional supporting documentation of 5 year equity analysis scatter plots. Justification must address how increase impacts equity issues within the department.

Retention Increase: Increase given to retain faculty member who as received an offer of employment from another institution. Requires additional supporting documentation of 5 year equity analysis scatter plots. Justification must address how increase impacts equity issues within the department.

Date of most recently completed annual review: Required for all out-of-guidelines, merit, equity, and retention increase for continuing faculty.

Faculty Member Signature: Only applicable if compensation change is being submitted after Salary Planner has closed.

Sr Vice Provost Approval: Approval is required for all equity, retention, and "other" increases.