

Salary Increase/Payment Authorization Form
 (Return to Compensation-HR-Briarcliff Campus)

CONFIDENTIAL

Employee Name: _____ Employee's Pace I.D. _____
 Department: _____ Date Employed: _____

	Current Information ("From")	Proposed New ("To")
Base Salary:	_____	_____
Job Title:	_____	_____
Effective Date:	_____	_____

Stipends and Other Non-Base Payments		
Amount of payment (non-base): _____		
Check one:		
<input type="checkbox"/> one-time	<input type="checkbox"/> series of payments	Pay Period Start: _____
		Pay Period End: _____

Basis for Change:

Promotion* _____
 Annual _____
 Other* _____

*Note: * Job description **must** be attached if title and/or duties are changing.*

Circumstances/Comments Regarding Recommendation:

Budget to be charged: _____

Index: _____ **Orgn:** _____ **Acct:** _____

Budget Rep. Confirmation of Available funds: _____

Recommended by: _____ Date: _____

Dean/VP Approval: _____ Date: _____

Human Resources: _____	Date: _____
Position #:	Action: _____ Code: _____
	Check if announceable: <input type="checkbox"/>

