

**INCREASES FY2017-18
UNIVERSITY OF MISSOURI-COLUMBIA
JUSTIFICATION FOR INCREASE**

Base Pay Increase or One-time Non-base building lump sum payment

Employee Name	EMPLID
Title	Job Code
Staff: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> FTE:	Department
Academic: 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> Hourly <input type="checkbox"/> FTE:	College/School/Division
Current Salary: \$	
BASE SALARY	
Proposed New Annual Salary \$	% Increase
LUMP SUM PAYMENT	
Amount (one-time, non-base building): \$	
Exceptional Performance:	
Market issues or Retention Concerns:	

Justification for Increase or Lump Sum Payment [how was percent or amount determined]:

STAFF	
Chancellor's Direct Report or Dean Signature:	Date:
Vice Chancellor of HRS Review	
Chancellor Approval	

ACADEMIC	
Provost's Direct Report or Dean Signature:	Date:
Provost Review	
Chancellor Approval	