

**INCREASES FY2018-19
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: Hourly <input type="checkbox"/> Salaried <input type="checkbox"/>	Department		
FTE:			
Academic: 9 month <input type="checkbox"/> 12 month <input type="checkbox"/>	College/School/Division		
Hourly <input type="checkbox"/>			
FTE:			
Current Salary: \$	<input type="checkbox"/> At or above max (Staff)		
BASE SALARY			
Proposed New Annual Salary \$		% Increase	
LUMP SUM PAYMENT			
Amount (one-time, non-base building): \$		% of Base	
Documented Exceptional Performance:			
STAFF			
Chancellor's Direct Report or Dean Signature:			Date:
Vice Chancellor of HRS Review			
ACADEMIC			
Provost's Direct Report or Dean Signature:			Date:
Provost Review			