

Supporting Documentation for Support Staff Employees Base Pay Increase

(For union or non-union CTU employees or other regular salaried support staff)

This form is intended to be used as an attachment to the EBS Pay Change form, unless utilized as a part of the 10/01 professional raise process. This form cannot be used alone to facilitate a pay change for effective dates other than 10/01.

Use this form to document approval of the adjustment of an employee's base salary outside of or in addition to the regular annual wage increases. Allowable reasons for adjustment include the recognition of outstanding performance (merit) or market conditions, retention of employment or promotion of internal pay equity. Additionally, this form may be used to document approval of base salary adjustments to increase an employee's pay above the FLSA salary threshold. Base pay changes requested by this form will be considered ongoing and not temporary adjustments.

This form will not route through electronic workflow approval. Please obtain the necessary signatures digitally or in print for this form before attaching to the EBS Pay Change Form or before submitting to MSU HR as part of the 10/01 professional raise process.

PRINTED NAME OF PERSON PREPARING THIS FORM AND PHONE NUMBER		
EMPLOYEE NAME	PERNR (PERSONNEL ASSIGNMENT NUMBER)	
MAU/COLLEGE	DEPARTMENT NAME AND ORG UNIT NUMBER	
PERCENTAGE OF EMPLOYMENT	EFFECTIVE DATE OF PAY CHANGE	
CURRENT SALARY	NEW SALARY	
LIST THE EMPLOYEE'S LAST THREE SALARY CHANGES PRIOR TO THIS CHANGE:		
DATE OF CHANGE	PERCENT INCREASE	REASON
PLEASE COMPLETE THESE FIELDS WHEN THE EFFECTIVE DATE IS OCTOBER 1 for APA, APSA, or NURSE. They should match the amounts entered in the Cognos raise application. These three columns when added to Current Salary field should match the New Salary field.		
General Raise Amount	Merit Raise Amount	Special Increase Amount
CHECK ONE AND PROVIDE ADD'L ATTACHED JUSTIFICATION WITH EXAMPLE(S) AND/OR SOURCE INFORMATION AS APPROPRIATE.		
<input type="checkbox"/> Merit/Exceptional Work Performance <input type="checkbox"/> Internal Equity <input type="checkbox"/> Retention/ External Market <input type="checkbox"/> FLSA adjustment		
Summary of Justification:		

REQUIRED FOR ALL SALARY CHANGES -UNIT AUTHORIZED SIGNATURES REQUIRED	
DEPARTMENT CHAIRPERSON SIGNATURE (SUPERVISOR for Non-Academic Unit)	DATE:
PRINT NAME & TITLE	
MAU/COLLEGE AUTHORIZED SIGNATURE (MAU Authorized Signature List)	DATE:
PRINT NAME & TITLE	
REQUIRED FOR SALARY CHANGES OVER 10% OR FOR EMPLOYEES WHO DIRECTLY REPORT TO THE MAU/COLLEGE AUTHORIZED SIGNER	
EXECUTIVE OFFICE SIGNATURE	DATE:
PRINT NAME & TITLE	