**CAHNRS Out of Cycle Staff and Temp Faculty Salary Increase Request Form**

[**BPPM 60.12 – AP Policy**](https://policies.wsu.edu/prf/index/manuals/60-00-personnel/60-12-administrative-professional-salary-determination-adjustment/)[**BPPM 60.02 – CS Policy**](https://policies.wsu.edu/prf/index/manuals/60-00-personnel/60-02-classification-reclassification/)

|  |
| --- |
|  |

**Name of person for whom a salary change is being requested:** Click or tap here to enter text.

**Reason/criterion?** Choose one option from the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Retention  Extraordinary Merit |  | Equity | Significant Change in Duties |

**Employee Type:**  AP  CS  Temp Faculty (i.e., Post Doc, Research Assoc.) (not Tenure/Career Track)

**University Title:** Click or tap here to enter text.

**Working Title:** Click or tap here to enter text.

**Name of supervisor for this position:** Click or tap here to enter text.

**Length of Service in CAHNRS:** Click or tap here to enter text.

**Length of Service in current position:** Click or tap here to enter text.

**Date of last increase:** Click or tap here to enter text.

Confirm that the employee has annual reviews on file showing satisfactory performance for the past two years (if applicable): yes  no

**Current salary:** Click or tap here to enter text.

**Desired salary:** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Desired effective date:** Click or tap to enter a date. |  |

*To fill in Funding table, double clicking will pull up table in Excel (X out of Excel when done)*

Click or tap here to enter text.

|  |
| --- |
|  |

**Please add justification for the request:** Click or tap here to enter text.

|  |
| --- |
|  |

**Outline of Process**

* Complete the above form in its entirety
* Review the last two annual reviews. Have they been positive reviews?
  + Email form and supporting documentation to [cahnrs.fa.personnel@wsu.edu](mailto:cahnrs.fa.personnel@wsu.edu).