

## APPLICATION FOR MARKET SALARY INCREASE

Before completing this application, please review the Market Salary Increase Guidelines located on the CSUMB Academic Personnel Website.

Name \_\_\_\_\_ Initial Year of Appointment \_\_\_\_\_

Department \_\_\_\_\_ College \_\_\_\_\_

Current Rank \_\_\_\_\_  Tenured  Tenure-Track

Requested Annual Salary\* \_\_\_\_\_ Current Annual Salary \_\_\_\_\_

Justification: Attach reasons and appropriate documentation for the Market Salary Increase request to this application. If the request is linked to an offer of employment, include a copy of the offer with this application.

PLEASE SUBMIT THIS APPLICATION AND ALL ATTACHMENTS TO YOUR DEPARTMENT CHAIR AND SEND A COPY TO ACADEMIC PERSONNEL.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation of Department Committee:**

Market Salary Increase Recommended

Recommended Annual Salary \_\_\_\_\_ Recommended Percent Increase \_\_\_\_\_

Market Salary Increase **NOT** Recommended

Attach Letter with brief explanation for recommendation.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation of Department Chair:**

Market Salary Increase Recommended

Recommended Annual Salary \_\_\_\_\_ Recommended Percent Increase \_\_\_\_\_

Market Salary Increase **NOT** Recommended

Attach Letter with brief explanation for recommendation.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

TO DEPARTMENT CHAIR: PLEASE FORWARD ALL APPLICATION MATERIALS TO THE DEAN.

\*The proposed new salary may not exceed the respective range maximums for the rank.

NOTE: The decision to grant or deny a Market Salary Increase and the percentage to be granted are not subject to the grievance procedure.