

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.