UNIVERSITY OF HAWAIʻI SPECIAL SALARY ADJUSTMENT REQUEST FORM

To be completed by the Faculty Member or Nominator and submitted to the Dean/Director/Provost	
☐ Self Applied ☐ Nominated by:	
Legal name:	Department:
Rank: Current Annual Salary: $	College/Unit: Campus:
Basis: ☐ Merit ☐ Equity ☐ Market ☐ Retention	Requested adjustment amount: $

The following information should be attached (**combined attachments are limited to a total of no more than 5 pages**):
Request or nomination memo and one or more of the following: ❶ If basis is *merit,* a copy of your abbreviated CV;❷ If basis is *equity*, the salary analysis with comparable faculty; ❸ If basis is *market*, the salary analysis with peer institutions; and/or ❹ If basis is *retention*, a copy of the offer letter.

_____
Faculty Member or Nominator's Signature Date

Date Received	**Received By**	**Date Forwarded**	**Recommendation/Decision**
	Dean/Director/Provost		(To Department/Division for consultation)
	Department/Division _____ Signature Date		#_____ support request #_____ do not support request # _____ no comment # _____ written comments attached
	My college/unit has the funds available to support this salary adjustment and that funding this adjustment will not have a negative impact upon the programs, faculty workload and department/division resources. Dean/Director/Provost _____ Signature Date		☐ Recommended adjustment amount: $ _____ Recommended effective date: _____ ☐ Recommend no adjustment at this time
	Chancellor _____ Signature Date		☐ Recommended adjustment amount: $ _____ ☐ Recommend no adjustment at this time
	President		(To UHPA for consultation)
	UHPA _____ Signature Date		☐ Support ☐ Do Not Support ☐ Other: _____
	President _____ Signature Date		☐ Approved adjustment amount: $ _____ Effective date of adjustment: _____ ☐ Denied
	UHPA _____ Signature Date		☐ Concur ☐ Do Not Concur