

Auxiliary for Sponsored Programs Administration

Mail Stop: 37 ADM 9001 Stockdale Highway Bakersfield, California 93311-1022

(661) 654-2266 (661) 654-2299 FAX www.csub.edu/bas/hr

RECOMMENDATION FOR COMPENSATION INCREASE FORM FOR CSUB AUXILIARY FOR SPONSORED PROGRAM ADMINISTRATION EMPLOYEES

Employee Name: Department:		
Auxiliary Classification and Working Title:		
Date of Last Performance Evaluation: Overall Rating of Last Performance Evaluation:		
SALARY INFORMATION		
Current Salary: \$ Recommended % Increase: Amount of Increase: \$		
New Salary: \$ Recommended Effective Date of Increase:		
Requested By: Date Requested: Name of Requesting Supervisor/Manager (Print)		
Signature		
TYPE OF SALARY INCREASE		
MERIT (PERFORMANCE-BASED) EQUITY		
RECLASSIFICATION OR SKILL LEVEL CHANGE OTHER:		
REASSIGNMENTS (TEMP. RECLASSIFICATION)		
JUSTIFICATION: Manager must provide a written statement justifying any type of salary increase. (Additional information may be attached to this form, if necessary). Additional information attached? Yes No		

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EMPLOYEE NAME:	DEPARTMENT:	
REQUIRED APPROVAL SIGNATURES		
Principal Investigator/Department Head:		
	Date:	
Associate Provost for Grants and Resource Management:		
	Date:	
Provost and Vice President for Academic Affairs:		
	Date:	
HUMAN RESOURCES REVIEW AND APPROVAL OF ACTION (for HR Use Only)		
Approved Percentage:		
Approved Amount \$:		
Approved Salary \$:		
Effective Date:		
Director of Human Resources Approval:	Date:	