



**California State University, Bakersfield Foundation**

40 AW

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**RECOMMENDATION FOR COMPENSATION INCREASE FORM  
FOR FOUNDATION EMPLOYEES**  
*(includes Grants/Contracts/Foundation funded positions)*

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

CSU 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

**FOR FOUNDATION – FUNDED POSITIONS:**

<b><u>REQUIRED APPROVAL SIGNATURES</u></b>	
Appropriate Administrator: _____	Date: _____
Cabinet Officer: _____ _____	Date: _____
Foundation Manager: _____	Date: _____

**FOR GRANTS/CONTRACTS POSITIONS:**

<b><u>REQUIRED APPROVAL SIGNATURES</u></b>	
Principal Investigator/Department Head: _____	Date: _____
AVP, Grants, Research & Sponsored Programs: _____	Date: _____
Cabinet Officer: _____	Date: _____
VP for Business & Administrative Services (or Designee): _____	Date: _____

<b><u>HUMAN RESOURCES REVIEW AND APPROVAL OF ACTION (for HR Use Only)</u></b>	
Approved Percentage: _____	
Approved Amount \$: _____	
Approved Salary \$: _____	
Effective Date: _____	
Director of Human Resources Approval: _____	Date: _____