

California State Polytechnic University, Pomona
Office of Faculty Affairs

APPLICATION FOR MARKET SALARY INCREASE

Part 1. Applicant

Name _____ Date _____

Department _____ College _____ Rank _____

Year of Initial Appointment. _____ Current Annual Salary _____

Brief Explanation why you would like to be considered for a market salary increase:

Attachments will be strictly limited to two (2) pages and should include, if applicable, a *bona fide* offer, signed, on institutional letterhead. (Please submit the original to your Department Chair and a copy to your College Dean)

Signature _____ *Date* _____

Part 2. Recommendation of Department Committee

Support Salary Increase? YES NO

Brief Explanation for Recommendation and/or Conditions:

Signature of Department Committee Chair _____ *Date* _____
(Please forward this application to the Dean and copy the Department Chair and the Applicant)

Part 3. Recommendation of Department Chair

Support Salary Increase? YES NO

Brief Explanation for Recommendation and/or Conditions:

Department Chair Signature _____ *Date* _____
(Please forward this application to the College Dean, the Department Committee, and Applicant)

Part 4. Recommendation of the Dean

Support Salary Increase? YES NO

Brief Explanation for Recommendation and/or Conditions:

Dean Signature _____ *Date* _____
(Please forward this application to the Provost and copy the Committee, Department Chair, and the Applicant)