

**REQUEST FOR SPECIAL PAY INCREASE
FLORIDA ATLANTIC UNIVERSITY**

Before completing this form, please review instructions at http://www.fau.edu/hr/ClassNComp/spi_1007.php#spisp

It is not necessary to submit a Request for Special Pay Increase Form or supporting documentation for requests up to 30% above the minimum of the pay range (SP only) or 25% above current salary (SP and AMP). A Personnel Action Form (PAF) must be submitted for requests within that range. A Special Pay Increase Request Form must be completed for ALL Bonus Payments.

EMPLOYEE NAME: _____ EMPLOYEE ID: _____ POSITION NO.: _____

CLASS TITLE: _____ CLASS CODE: _____ PAY GRADE: _____

CURRENT SALARY: \$ _____ NEW SALARY: \$ _____ PERCENT INCREASE IN SALARY: _____ %

REQUESTED EFFECTIVE DATE (Effective date must be a future date, not retroactive. Standard procedure is next available payroll begin date or later): _____

DEPARTMENT NAME: _____

HOME ORG: _____ FINANCIAL ORG (INDEX) TO BE CHARGED: _____

FORM PREPARED BY: _____ PHONE: _____ EMAIL: _____

APPROVAL CATEGORY (Check One)

☐ Superior Performance ☐ Retention ☐ Counter Offer ☐ Career Development ☐ Salary Compression/Equity ☐ Other _____

Attach a summary of circumstances and justification for Special Pay Increases in all categories above. Please see instructions for documentation requirements: http://www.fau.edu/hr/ClassNComp/spi_1007.php#spisp

☐ Assigned Duties Attach an updated position description for Special Pay Increases due to Assigned Duties.

☐ Bonus The bonus payment is a lump sum payment and shall be considered as nonrecurring compensation. The bonus payment shall not be included in the compensation upon which State retirement benefits are calculated. Please see instructions for documentation requirements: http://www.fau.edu/hr/ClassNComp/spi_1007.php#spisp

☐ Lump Sum Payment Amount \$ _____

The bonus amount is: (please check one)

☐ before Federal withholding and FICA taxes are deducted
☐ after Federal withholding and FICA taxes are deducted; total dollars needed: \$ _____
(contact the Payroll Manager to determine amount needed after taxes)

UNIVERSITY BUDGET OFFICE: _____ Date: _____

Signature of Budget Office Director

Name of Chair/Supervisor (please print or type)

Signature of Chair/Supervisor (By signing above, I acknowledge that the requested new salary is justified and equitable within the Department/Division.)

Date: _____

Signature of Dean/Director

Date: _____

Signature of Area Vice President or University Provost

Date: _____

Signature of Asst. VP of Human Resources

Date: _____