UNIVERSITY OF HAWAI'I SPECIAL SALARY ADJUSTMENT REQUEST FORM

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	pleted by the Faculty Member or Nominator and s	submitted to the Dean/Di	rector/Provost				
☐ Self App	•						
Legal name:			Department:				
Rank: Current Annual Salary: \$							Campus:
				ustment amount: \$			
Request or	ng information should be attached (combined att nomination memo and one or more of the followir rket, the salary analysis with peer institutions; and	ng: ① If basis is <i>merit,</i> a c	copy of your abbrev	iated CV; 2 If bas	sis is <i>equity</i> , th	e salary a	nalysis with comparable faculty;
Faculty Mem	nber or Nominator's Signature	Date					
Date Received				Recommendation/Decision			
	Dean/Director/Provost			(To Department/Division for consultation)			
	Department/Division			1	ort request	#	do not support request
	Signature	Date		# no c	comment	#	written comments attached
	My college/unit has the funds available to supplied and that funding this adjustment will not have a programs, faculty workload and department/division Dean/Director/Provost	negative impact upon the ion resources.		□ Recommended adjustment amount: \$ Recommended effective date: □ Recommend no adjustment at this time			
	Signature	Date					
	Chancellor			☐ Recommend	•		S ne
	Signature	Date					
	President			(To UHPA for consultation)			
	UHPA			☐ Support	☐ Do Not S	upport	
	Signature	Date					
	President				•		
	Signature	Date		☐ Denied			
	UHPA			□ Concur	☐ Do Not Co	oncur	
	Signature	Date					