

**MARKET-BASED SALARY INCREASE
APPLICATION FOR PROBATIONARY
AND TENURED FACULTY**

Use this form to submit a request for a market adjustment of salary—probationary and tenured faculty only.
Unit 3 CBA Article 31.25: The President may grant a salary increase to a probationary or tenured faculty unit employee to address market considerations. Such increases shall not be bound by the eight (8) service increases referenced in provision 31.18. Applications for market adjustments shall be submitted by the faculty member to the department chair, with a copy to the President or designee, on forms provided by the President or designee. Applications for market-based increases shall normally be accompanied by documentation supporting the market-based salary lag or a bona fide offer of employment from another college or University. Applications shall be reviewed separately by a department committee of tenured faculty and the department chair, with the department chair forwarding both recommendations to the President or designee. The decision to grant an exceptional market adjustment and the amount of the increase to be granted shall not be subject to grievance procedure.

FACULTY REQUESTOR			
Last Name	First Name	MI	Employee ID
Rank	College		
Department			
Increase Requested (%)	Signature		Date
Faculty member's reasons (attach documentation or bona fide offer letter to form):			

DEPARTMENT		
Chair/Director		
Do Not Recommend <input type="checkbox"/> Recommend <input type="checkbox"/>		
Comments: (character limit: 100)		
Name	Signature	Date
Department Committee		
Do Not Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> (report vote)		
Comments: (character limit: 100)		
Name	Signature (Committee Chair signs for committee)	Date

DEAN

Do Not Recommend ☐ Recommend ☐ /Percent(%)Increase: _____

Comments: (character limit: 220)

Name

Signature

Date

UNIVERSITY PERSONNEL – FACULTY SERVICES

Do Not Recommend ☐ Recommend ☐ /Percent(%)Increase: _____

Comments: (character limit: 220)

Name

Signature

Date

PROVOST (President's Designee)

Do Not Recommend ☐ Recommend ☐ /Percent(%)Increase: _____

Comments: (character limit: 220)

Name

Signature

Date

Send completed form to up-facultyservices@sjsu.edu