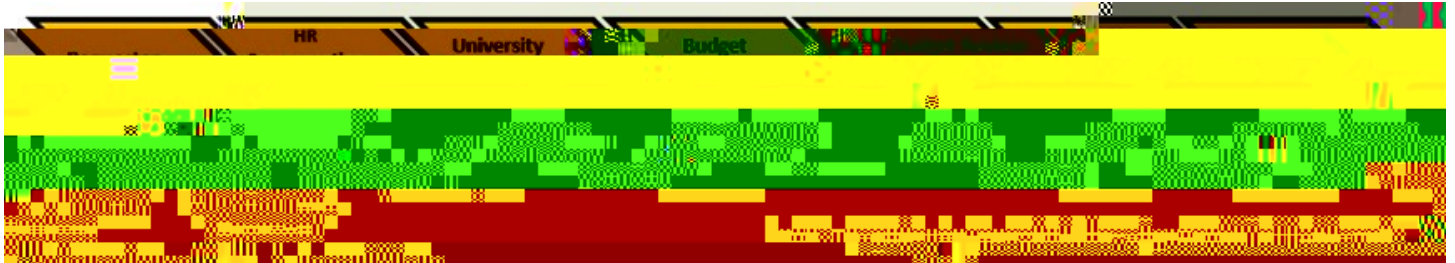




OFF-CYCLE BASE PAY ADJUSTMENT REQUEST

This form is utilized to request a base pay adjustment outside of the annual compensation cycle. Base pay adjustments outside of the annual compensation cycle should be rare. The leader may consult the [Compensation Administration Guidelines](#) for guidance.



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How would this request be funded? Please include organization and fund below.

If grant funded, Post Award approval is required. Is this position grant funded:
If yes, please indicate who reviewed/approved the request:

Market Based Compensation Comments:

Is Divisional Officer approval required (outside compensation administration guidelines)?

Budget Comments:

Signatures/Approvals: I support this request based on my determination that resources are being fully and appropriately utilized in this unit. (If you are the signatory for multiple lines, please sign each applicable line.)

REQUESTOR	DATE
HR COMPENSATION (Review of request has been completed)	DATE
UNIVERSITY BUDGET OFFICE	DATE
BUDGET OFFICER	DATE
BUDGET REVIEW OFFICER	DATE
VICE PRESIDENT (if applicable)	DATE
DIVISIONAL OFFICER (if required based on MBC Comments) (President, Executive VP & Provost, SVP Administration Finance & Operations)	DATE

HR Operations (confirmation of data entry labor percentages):

Position Number	Fund	Org	Account	\$ Amount	Labor %

HR Operations Comments: