OPEN RANGE MERIT INCREASE TRANSMITTAL FORM  
(FOR EMPLOYEES WHO HAVE SUCCESSFULLY COMPLETED THEIR PROBATION)

Administrative Unit /  
(Vice Chancellor)  
(Department)  

College/Department Org Code______________

Employee’s Name____________________ UIN#____________________(Print/Type)

Classification______________________________  
(Complete Title)

(Note - Employee must pass their probation period and be in their classification at the 
beginning of the academic year. This form must be completed, approved and received by 
Compensation within 30 days of completed the probation period)

Present Salary  
Appt. %  
Hourly  
Annual**

Salary with Merit Increase  
Appt. 1  
Hourly  
Annual**

Proposed Merit Increase Percentage ______%  Effective Date* ____________

* A merit increase can be granted only within 30 calendar days after probation is completed.
** Compute annual by multiplying hourly rate times 1950 (37.5 hr. workweek) or 2080 (40 hr. workweek) 
times Appt. %.

If employee is split funded by another department, the form will require signature from both Department and College 
approvers.

Authorizations
Dean, Director, Department Head or Chairperson:

(Print or type name) ________________________________
(Signature)________________________________________

College/Administrative Unit:

(Print or type name) ________________________________ (Expenditure confirmation)

(Signature) _______________________________________

Human Resources Compensation will process the HRFE transaction. Send completed forms by the due date 
identified on the Increase Schedule to:

Human Resources Compensation Section, HRB Room 305 M/C 897