

**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			Salary with Merit Increase	
Appt. %	Hourly	Annual**	Hourly	Annual**
Appt. 1				
_____	_____	_____	_____	_____

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