

Faculty Special Pay Increase Request Form

First Name	_____	Last Name	_____
UFID	_____	Position Title	_____
College	_____	Department	_____
Contact Person	_____	Contact Phone Number	_____

Salary Increase Information	Salary Analytics for Position Title	College/Dept	External Market	
Current Salary \$ _____	This information can be provided by your college/unit human resources office. If unavailable, please request this information by emailing Classification & Compensation at compensation@ufl.edu . For comparison purposes, please provide internal/external benchmarks for the faculty member's rank and discipline.			
Increase Amount \$ _____		Minimum	\$	\$
Percent Increase % _____		25 th Percentile	\$	\$
Proposed Salary \$ _____		50 th Percentile	\$	\$
		75 th Percentile	\$	\$
	Maximum	\$	\$	

Effective Date	External Market Data Source (if applicable)

Type

- Counter Offer
 Market/Equity Increase

Justification

Please describe the reason for the pay increase in the space provided.

Approval

(The undersigned certify the accuracy of all information herein to the best of their knowledge and approve this action.)

Supervisor Date

Chair/Director Date

Dean Date

Vice President Date

Upon completing this form and securing the appropriate approvals, please attach a copy to the corresponding ePAF in myUFL.