

Recommended Action Form

Redelegated Merit Increase
(Print on Pink Paper)

Effective Date: _____

Name: _____

Department: _____ % of Time: _____

Department: _____ % of Time: _____

Department: _____ % of Time: _____

Department: _____ % of Time: _____

Department: _____ % of Time: _____

_____ 9 Mo. _____ 11 Mo. Normal: _____ Accel. (Years): _____ Decel. (Years): _____

Years at Rank: _____ Years at Step: _____

Present Status

Rank & Step	% of Time	Title Code	Monthly Salary	Annual Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Proposed Status

Rank & Step	% of Time	Title Code	Monthly Salary	Annual Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Recommendations:

	Yes	No	N/A
Department:	_____	_____	_____
College/School/Division Personnel Committee:	_____	_____	_____
Joint AF/Senate Personnel Committee:	_____	_____	_____
AF/Personnel Committee:	_____	_____	_____

(See attached Committee Recommendations)

DEAN'S ACTION:

_____ APPROVED _____ DENIED _____ OTHER

_____ Decision contrary to the committee recommendation

Signed

Date