Recommended Action Form

Redelegated Merit Increase (Print on Pink Paper)

			Effective Date:	
Name:				
Department:	% of Time:			
Department:				
Department:				
Department:			% of Time:	
9 Mo 11 Mo.	Normal:	_ Accel. (Year	rs): Dec	el. (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	•
Recommendations:	Yes	No N	/ A	
Department:				
College/School/Division Personnel Committee: Joint AF/Senate Personnel Committee:	ee:	<u> </u>		
AF/Personnel Committee:		-		
	(See attached	Committee Recom	mendations)	
DEAN'S ACTION:				
APPROVED	DENIED	IIED OTHER		
Decision contrary to the con	nmittee recommend	lation		
		Cianad		
Signed				Date

Revised: 02/14/09