

**VPAA Form  
Faculty Retention Salary Adjustment Request Form**

Name \_\_\_\_\_ Department \_\_\_\_\_

Rank \_\_\_\_\_ Years in Rank \_\_\_\_\_ College/School \_\_\_\_\_

Current salary \_\_\_\_\_ Base \_\_\_\_\_ (9/12 month)

Proposed increase \_\_\_\_\_ Proposed new base \_\_\_\_\_

**What is the primary justification for the retention salary adjustment request?**

**Has the faculty member previously received a retention salary adjustment or counteroffer increase at UNT?**

If yes, date(s) \_\_\_\_\_ Amount of increase \_\_\_\_\_

**Any additional components requested for the retention of this faculty member?**

**Department Comments/Recommendations:**

How does the proposed retention salary adjustment impact others, particularly those with similar rank and similar salaries?

How was the amount of the recommended salary adjustment determined?

How is the retention of this faculty member related to the goals and reputation of the unit?

I recommend a retention salary adjustment be made to the employee. Yes \_\_\_ No \_\_\_  
Signature of Chairperson/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**College Comments/Recommendations:**

How and when will any inequities that may arise from this retention salary adjustment be addressed?

I recommend a retention salary adjustment be made to the employee. Yes \_\_\_ No\_\_\_  
Explanation if disapproved:

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Affairs:**

I recommend a retention salary adjustment be made to the employee. Yes \_\_\_ No\_\_\_  
Explanation if disapproved:

Signature of Provost: \_\_\_\_\_ Date: \_\_\_\_\_

**Original to VPAA: Copies to Dean, Chair/Supervisor, and faculty member.**