

**UNIVERSITY OF MISSOURI-COLUMBIA  
JUSTIFICATION FOR INCREASES \*  
2002- 2003**

|  |  |
|--|--|
| <b>Employee Name</b>   | <b>Social Security Number</b>  |
| <b>Title</b>   | <b>Department</b>  |
| <b>Salary Current</b>  | <b>Proposed Salary</b>   |
|  | <b>Percent %</b>   |
| <b>Source of Funding</b>   | <b>Effective Date</b>  |
| <b>Primary Reason (Check One)</b>  |  |
| <input type="checkbox"/> <b>Counteroffer<br/>Market</b>                      | <input type="checkbox"/> <b>Reassignment/Change in duties<br/>Interim Assignment</b> |
| <b>Briefly describe the facts supporting your request for this increase.</b> |  |
|  |  |

Note: If you have any questions about the information on this form,  
please contact your divisional fiscal officer, Human Resource Services or Academic Budget Office.

\_\_\_\_\_  
Department Chair/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
If joint appointment, other Department Chair/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director/Vice Provost

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost/Vice Chancellor

\_\_\_\_\_  
Date

Please provide a copy of this form to Human Resource Services (HRS) or Academic Budget Office with the PAF processing the mid-year increase.

\* Use for Mid Year increases and Exceptional Annual increases requiring Chancellor's or Chancellor's staff approval.

\_\_\_\_\_  
Chancellor

\_\_\_\_\_  
Date