

University of Texas at El Paso **Request for Student Salary Increase**

This form is to be completed and submitted for approvals for any student salary increase that is above the salary range midpoint or is for any student salary increase within the same job code. Salary increases involving a grant related funding source would require **ORSP** approval.

Date of Request:	Proposed Effective Date of Request:	
Department:	Business Unit:	
Person Requesting Student Salary Increase:	Phone Number:	

Incumbent Information:

Empl ID Number:

Employee Name:

Position Information:

Cur	rent	Prop	osed
Start Date		Start Date	
Position Job Code		Position Job Code	
Position Title		Position Title	
Standard Hours		Standard Hours	
Salary Rate (Hourly, Salary)		Salary Rate (Hourly, Salary)	

Funding Information:

Current Funding Source Number:

Proposed Funding Source Number:

Justification for Salary Increase:

Approvals:

Department Head/ Chair

Dean/Vice President

ORSP (*if grant funded*)

Date:

Date:

Date:

Human Resources Use Only	
Date Request Received	
Date of Last Increase	
Amount of Last Increase	
HR Recommendation	
HR Approval	□ Yes □ No
Date of Approval	
Approved by Name	
Approved by Signature	