

Dean, Institute Director, or Designee Signature

This form is for research faculty promotion requests for positions paid directly or indirectly on sponsored funds or research-related gifts. All other pay increase requests for research faculty must use the Hiring Approval 2020 Form instead. Please visit https://www.colorado.edu/hr/covid-19-hr-guidance for additional information.

If a pay increase is effective between July 1st - September 30th of any year, the employee will not be eligible for a merit increase that year.

| Department | empioyee wiii no | t be eligible for a merit increase tha | t year. |
|-------------------------------------|--|--|--------------------------------|
| Requester Name | | Requester Email | |
| Employee Name | | Employee ID | |
| Current Job Code | | If job code is changing due select requested new job o | _ |
| Justification | | | |
| | | | |
| | | | |
| Effective Date | Requested Salary | | |
| Is this due to a counter-off Yes No | er, compression or equity con | cern? | |
| | ext and explanation to why a co | ounter-offer, compression or | equity adjustment is |
| | | | |
| | | | |
| | e confirming that this promo complies with the pay struc Act | | |
| Supervisor/PI Signature | | | |
| | | | Research Faculty HR Initial |