

# Salary Increase Requests for GTA's/ GRA's/GA's

Department \_\_\_\_\_

Name	Employee Id	Position Title	Current Bi-Weekly	Proposed Bi-Weekly	Funding Source	Effective Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(Please attach additional list if more room is needed)

Reasons for salary increase (new duties, passed orals, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approvals:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date