

**UMB Faculty Retention Request**

*Approved Form must be submitted to Exec, VP & Provost/ Dean of Graduate School*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | | School/Department : | | |
| Name of Faculty Member: | | Employee ID #: | Faculty Title/Rank: | |
| Current Total Approved Salary: | FTE: | Proposed Total Approved Salary: | | FTE: |
| Requested % Increase:    **All Faculty Retention Increases will be reported to the Chancellor’s Office.** | | Amount of increase: | | |
| Source of Funds:  **State**   **Non-State**   **Partial** | | Effective Date: | | |
| Adjustment to salary?  **Yes**   **No** | | One-Time Payment?  **Yes**   **No** | | |
| Contact: | | Contact phone number: | | |
| Justification for Faculty Retention Increase:  Increase requests must include one of the following required **supporting documents** **attached** to the Faculty Retention Request.  Please check below which option is attached.  A written offer to the faculty member from another institution; or  Written evidence, including e-mail or other correspondence, that the faculty employee is being recruited seriously by another institution, or a search firm for an institution, at a compensation level likely to exceed the faculty member’s current compensation; or  Documentation that the department has experienced retention problems in recent years that likely will result in the loss of a valuable faculty employee if a retention adjustment is not made; or  Other strong evidence that the institution is at imminent risk of losing a faculty employee in the absence of a retention adjustment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean Date | | | | |
| Recommend for Approval  Recommend to Deny  Returned for more information    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Executive Vice President & Provost and Dean, Graduate School Date | | | | |
| Approve  Deny  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  President Date | | | | |

**Calculating Current and Proposed Total Approved Salary Worksheet**

To ensure accurate total approved salary is calculated, please complete the worksheet.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current (A)** | **Proposed (B)** | **Difference (B-A)** |
| 1. **Base Salary** | | | |
| a) Current Annual Base Pay | $ | N/A |  |
| 1. **Retention** | | | |
| a) Percentage Retention Increase | N/A | % |  |
| b) Amount of Retention Increase\* | N/A | $ |  |
| c) New Annual Base Pay | $ | $ | $ |
| 1. **Incentive (ADICIN)** | | | |
| a) Incentive Percentage | N/A | % |  |
| b) Amount of Incentive\*\* | $ | $ | $ |
| 1. **Administrative Supplemental (ADSPIN or ADSPEL)** COLA/Merit Eligible | | | |
| a) Percentage, Flat, or N/A? | Flat/ Percentage/ N/A | Flat/ Percentage/ N/A |  |
| b) Supplemental Percentage | % | % |  |
| c) Supplemental Amount (based on a %) | $ | $ |  |
| d) Flat | $ | $ |  |
| e) Amount of Admin Sup. | $ | $ | $ |
| 1. **Total Approved Salary (TAS)** | | | |
| a) New Annual Base Pay (= line 2c) | $ | $ | $ |
| b) Amount of Incentive (ADICIN) (= to line 3b) | $ | $ | $ |
| c) Amount of Supplemental (ADSPIN or ADSPEL) (= to line 4e) | $ | $ | $ |
| d) Total Approved Salary (= 5a + 5b + 5c) | $ | $ | $ |

\*Current Annual Base Pay multiplied by percentage of retention increase.

\*\*Amount of Incentive is Incentive percentage multiplied by new annual base pay.