

## Salary Enhancement for Continued Academic Achievement 2018-2019

I am applying for a salary enhancement, which, if approved, will take effect with the 2019-20 academic year.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**Chairperson/Director Comments:** The chairperson/director should comment about the faculty member's performance. Any comments may be written below.

I have reviewed these materials and believe the faculty member to be eligible for a salary enhancement.

\_\_\_\_\_  
Chair/Director signature

\_\_\_\_\_  
Date

### ***Dean's Determination***

Based on my review of the above comments and associated materials, I have determined that the faculty member meets the requirements of the Salary Enhancement for Continued Academic Achievement policy and is eligible for a salary increase.

\_\_\_\_\_  
Dean's signature

\_\_\_\_\_  
Date

If approved, this form should be uploaded into Digital Measures under Supporting Documentation and labeled "Salary Enhancement" documentation.