

**UMB Faculty Retention Request**

*Approved Form must be submitted to Provost & Exec, VP & Provost*

|  |  |
| --- | --- |
| 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 [ ]   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provost and Executive Vice President 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.