

**OLD DOMINION UNIVERSITY COMPETITIVE SALARY OFFER FORM**

Clear Form

**1. EMPLOYEE/POSITION DATA**

A. EMPLOYEE NAME	B. UIN
C. POSITION NUMBER	D. ROLE TITLE or WORKING TITLE
E. EFFECTIVE DATE OF INCREASE <small>(MUST BE THE 10<sup>TH</sup> OR 25<sup>TH</sup> OF A MONTH)</small>	F. DEPARTMENT NAME/BUDGET CODE
G. CURRENT SALARY	H. PROPOSED SALARY


**2. BUDGET INFORMATION**

<b>BUDGET ADJUSTMENT MUST ACCOMPANY THIS FORM TO ENSURE PROMPT PROCESSING</b>		
A. BASE SALARY INCREASE AMOUNT	B. BASE BENEFITS AMOUNT	C. TOTAL INCREASE

Describe the following:

- Criticality of retaining the employee
- Impact on agency operations should the employee leave
- Difficulty in replacing the employee's knowledge, skills, abilities, competencies
- Internal alignment implications
- Would this competitive offer have any impact on comparable positions/employees in the department?
- If more space is needed, please attach separate memo
- **Attach Copy of Offer Letter (REQUIRED)**

**4. AUTHORIZATION/APPROVAL**

SUPERVISOR		DATE
BUDGET UNIT DIRECTOR	APPROVE DISAPPROVE	DATE
VICE PRESIDENT OR DESIGNEE	APPROVE DISAPPROVE	DATE
HUMAN RESOURCES	APPROVE DISAPPROVE	DATE
UNIVERSITY BUDGET OFFICER or DESIGNEE	APPROVE DISAPPROVE	DATE