

VPAA Counteroffer/Faculty Retention Salary Adjustment Request Form

Counteroffer Request Retention Salary Adjustment Request

Name: _____ Department: _____

Rank: _____ Years in Rank: _____ College/School: _____

Current Salary: _____ Base: _____ 9 Month 12 Month

Proposed Increase: _____ Proposed new base: _____

Effective Date for proposed increase: _____

Please document any additional components requested for the counteroffer or retention of this faculty member (e.g. equipment funding, summer funding, staff support):

For retention salary adjustment requests what is the primary justification for the retention request?

For counteroffer requests: What institution is making the offer that UNT will counter?

_____ (Attach a signed Letter or email on institutional letterhead.)

Has the candidate previously received a retention salary adjustment or counteroffer increase at UNT?

If **yes**, please indicate which was made: Counteroffer Retention Salary Adjustment

Date(s) of offer/adjustment: _____ Amount of increase: _____

Department Comments/Recommendations:

How does the proposed counteroffer/retention adjustment impact others, particularly those with similar rank and similar salaries?

How is the retention of this faculty member related to the goals and reputation of the unit?

How was the amount of the recommended salary adjustment determined?

I recommend that the requested counteroffer/retention salary adjustment be made for this employee:

Yes No

Signature of Department Head/Chair: _____ Date: _____

College Comments/Recommendations:

How and when will any inequities that may arise from this retention salary adjustment or counteroffer adjustment be addressed?

I recommend that the requested salary adjustment/counteroffer be made for this employee:

Yes No (Attach Explanation if not approved)

Signature of Dean: _____ Date: _____

Signature of Executive Dean: _____ Date: _____

Academic Affairs:

I recommend that the requested salary adjustment/counteroffer be made for this employee:

Yes No (Attach Explanation if not approved)

Signature of Provost: _____ Date: _____