

COUNTER/RETENTION OFFER JUSTIFICATION REQUEST - School of Medicine

Section I. Type of action being requested

Counter Offer	Retention Offer
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Section II. Incumbent & Position Details

Employee's Name:	Banner ID:	Position #:	Suffix:
Dept Name:	Org Code:	Appointment Percent:	%
P-Class Title:	E-Class:	PClass Code:	Grade:
Supervisor's Name:	Supervisor's Title:		

Section III. Eligibility Checklist

YES NO

- Position is critical to department and difficult to fill
- Employee is past the probationary or trial period
- Employee received a "successful" rating for Job Responsibilities & Accomplishing Goals on last performance evaluation
- Employee is currently free from disciplinary action
- The employee has not received a counter-offer or retention offer increase in the past 24 months.

If ALL answers to the above are "YES", please continue completing the below paperwork. If ANY answer to the above is "NO," the employee is not eligible for a counter or retention offer. *A retention offer for bargaining unit employees may be considered on an exception basis.

Section IV. Summary of Request

Address why this position is deemed both critical to business needs and difficult to fill. Describe why the counter/retention offer is vital to retaining the employee.

Employee's Background

Highest Education Level:

Service Years to UNM:

Last Performance Rating:

Directly Related Experience:

Notable Skills, Certifications and Qualifications, as they relate to the position (if applicable to the position):

Requested Salary

HR Compensation will evaluate the requested salary and propose a salary range to the department for consideration. However, please indicate the desired salary to be offered to the employee.

Non-Exempt Employee

Exempt Employee

Current Hourly: @

Requested Percent

Current Monthly: @

Requested Hourly: @

Increase in Salary:

Requested Monthly: @

Requested Annual Salary: @

(Enter as a decimal)

Requested Annual Salary: @

Note: For hourly, use all 6 decimal places as indicated in HR Reports, under "Hourly Rate Decimal" column

Funding Information:

I&G	Index:	Account:	Distribution:	%
Non I&G (unrestricted)	Index:	Account:	Distribution:	%
Non I&G (restricted)	Index:	Account:	Distribution:	%

Section V. Required Documents

Ensure the following documents are included with this request:

- Offer Letter from UNM Department or External Agency *(For Counter-Offer Only)*
- Organizational chart

Section VI. Required Signatures

Note: If this is your first time using a digital signature, [click here](#) to access instructions on how to proceed.

a) Employee's Supervisor or the Department Head

This signature line is for the employee's direct supervisor or the department head, depending on the dept head's preference.

Name	Title	Signature
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b) Organizational Head or Designee

This signature line is reserved for the highest-level authority of your respective organization. This may be a Dean, Director, VP or similar position depending on the nature of your area.

Name	Title	Signature
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c) School of Medicine Administrator

Name	Title	Signature
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d) EVP or Designee

This signature line is reserved for the Executive Vice President's Office over your respective organization.

Name	Title	Signature
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Once all required signatures have been obtained, stop here and email the form to HR Compensation by clicking the "Send" button on the right: