

**MEMORANDUM**

[DATE]

To: Click here to enter text.

From: Click here to enter text.

For Fiscal Year 2015-16 no additional funds were allocated for staff salary increases. An out-of-guidelines exception is being requested for the following employee:

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name and Title  | UNM ID  | Position Number  | eClass  |
| Org Code  | Org Description  |
| Current Rate | Hourly Rate/Monthly Rate | Annual Salary |
|   |   |
| MSU Increase  | Exception  | Total % Increase (applied to Current Rate)  |
| New Proposed Rate | Hourly Rate/Monthly Rate | Annual Salary |
|   |  |
| Justification  |
| Cost | Budget Justification  |

**Eligibility Criteria:**

Note: A current Performance Review is required for all out-of-guidelines exception requests.

1. Performance Review overall rating: [ ]  Meets Expectations [ ]  Exceeds Expectations
2. Current Job Begin Date \_\_\_\_\_\_\_\_\_\_\_\_ Job End Date (if Term Employee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is this employee currently on “Leave without Pay” status? [ ]  Yes [ ]  No

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dean/Director/VP/AVP/Designee

Financial Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVP/Provost/Chancellor or Designee

HR Review by: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR Consultant/ HR Consulting Group Manager

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- |
| **Transaction Center Reps Only** | **Payroll Only** |
| Position Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Payroll Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Pay ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Change Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| TCR Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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Memo Routing: VP/AVP-> Financial Officer-> EVP-Designee -> HR Consultant -> Transaction Ctr -> Personnel File