

**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

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

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