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| **USUNM MSU Out-of-Guidelines Exception Request Form**  |

**UPDATED, 6/6/19**: *Pursuant to an agreement between UNM and USUNM,* *departments will be permitted to submit MSU OOG Exception requests for USUNM bargaining unit staff for FY20 for increases above 3%, but not to exceed 5%. For specific eligibility criteria, please refer to the* [*FY20 USUNM Salary Increase Guidelines.*](https://hr.unm.edu/mass-salary-update-usunm)

*All FY20 Exception requests should be submitted no later than* ***5pm on June 19, 2019*** *to the following: Units within Academic Affairs:* *provost@unm.edu**; units within Finance & Admin:* *cenissa@unm.edu**; units within the HSC:* *abeytac@salud.unm.edu**; units within the President’s Administration:* *presidentstokes@unm.edu**.*

*This form is only required for increases that are above 3%. Increases of 3% or below should follow the published salary increase guidelines.
For additional information, please refer to the* [*FY20 USUNM Salary Increase Guidelines.*](https://hr.unm.edu/mass-salary-update-usunm)

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| EMPLOYEE AND EXCEPTION REQUEST INFORMATION |

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| Name:       | UNM ID:       | Title:       |
| Position #:       | eClass:       | Grade:       | Appt:       % |
| Org Code:       | Org Description:       |
| Org Level 3 Code:       | Org Level 3 Description:       |
| ***CURRENT RATE*** | ***INCREASE % REQUEST******(Not to exceed 5% Total)*** |  | ***PROPOSED NEW RATE*** | ***DIFFERENCE*** |
| Hourly/Monthly:Annual Salary:  | $ $  | MSU:Exception:Total: | 3 %%% |  | Hourly/Monthly:Annual Salary: | $ $  | Increase Amount:$  (annual salary) |
| Describe the rationale for this request:       |
| Describe how the proposed increase will be funded on a continuous basis. |
| [ ]  I&G[ ]  Non I&G (unrestricted)[ ]  Non I&G (restricted) | Index:       Index:       Index:        | Account:       Account:       Account:        | Distribution %:      Distribution %:      Distribution %:       |
| Notes:       |
|  | * Employee completed probationary period (hired before 1/1/19): [ ] Yes [ ] No (not eligible)
* Successful Job Responsibility and Goal overall ratings on recent performance evaluation: [ ]  Yes or [ ]  No
* Is the employee currently on “Leave Without Pay” status? [ ] Yes [ ] No
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| REQUESTOR/POINT OF CONTACT INFORMATION |

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| Name:       | Title:       | Phone:       | Email:       |

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| APPROVALS |

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| Requested by: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Dean/Dir/VP/AVP/Designee’s Signature | Print Name | Date |
| Approved by:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Exec Leadership/Designee’s Signature | Print Name | Date |
| HR Reviewer:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | HR Consultant’s Signature | Print Name | Date |

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| **HR Transaction Center Only**Position #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_\_\_\_Job Change Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TCR Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Payroll Only**Payroll Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pay ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Revised 6/6/19***