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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*](mailto:provost@unm.edu)*; units within Finance & Admin:* [*cenissa@unm.edu*](mailto:cenissa@unm.edu)*; units within the HSC:* [*abeytac@salud.unm.edu*](mailto:abeytac@salud.unm.edu)*; units within the President’s Administration:* [*presidentstokes@unm.edu*](mailto: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***