

**Use this form to submit a request for a market adjustment of salary—probationary and tenured faculty only.**  
 Unit 3 CBA Article 31.25: The President may grant a salary increase to a probationary or tenured faculty unit employee to address market considerations. Such increases shall not be bound by the eight (8) service increases referenced in provision 31.18. Applications for market adjustments shall be submitted by the faculty member to the department chair, with a copy to the President or designee, on forms provided by the President or designee. Applications for market-based increases shall normally be accompanied by documentation supporting the market-based salary lag or a bona fide offer of employment from another college or University. Applications shall be reviewed separately by a department committee of tenured faculty and the department chair, with the department chair forwarding both recommendations to the President or designee. The decision to grant an exceptional market adjustment and the amount of the increase to be granted shall not be subject to grievance procedure.

<b>FACULTY REQUESTOR</b>			
Last Name	First Name	MI	Employee ID
Rank	College		
Department			
Increase Requested (%)	Signature	Date	
Faculty member's reasons (attach documentation or bona fide offer letter to form):			<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div>

<b>DEPARTMENT</b>		
<b>Chair/Director</b>		
Do Not Recommend <input type="checkbox"/>	Recommend <input type="checkbox"/>	
Comments: (character limit: 100)		
Name	Signature	Date
<b>Department Committee</b>		
Do Not Recommend <input type="checkbox"/>	Recommend <input type="checkbox"/> (report vote)	
Comments: (character limit: 100)		
Name	Signature (Committee Chair signs for committee)	Date

<b>DEAN</b>		
Do Not Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> /Percent(%)Increase: _____		
Comments: (character limit: 220)		
<div style="border: 1px solid black; height: 40px;"></div>		
_____	_____	_____
Name	Signature	Date

<b>UNIVERSITY PERSONNEL – FACULTY SERVICES</b>		
Do Not Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> /Percent(%)Increase: _____		
Comments: (character limit: 220)		
<div style="border: 1px solid black; height: 40px;"></div>		
_____	_____	_____
Name	Signature	Date

<b>PROVOST (President’s Designee)</b>		
Do Not Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> /Percent(%)Increase: _____		
Comments: (character limit: 220)		
<div style="border: 1px solid black; height: 40px;"></div>		
_____	_____	_____
Name	Signature	Date

Send completed form to [up-facultyservices@sjsu.edu](mailto:up-facultyservices@sjsu.edu)