

BLUEFIELD STATE UNIVERSITY
SALARY INCREASE AUTHORIZATION FORM

To be completed by the Immediate Supervisor

Justification for Salary Increase:

NOTE: If there have been changes in duties and responsibilities, please attach an updated Non-Classified Job Description.

Requested Salary Increase _____

APPROVALS – Please obtain required signatory approvals in the numerical sequence indicated.

1. _____
 Immediate Supervisor _____ **Date**

2. _____
 Cabinet-Level Administrator _____ **Date**

3. _____
 Master Controller _____ **Date**

4. _____
 Director of Title III (If grant funded) _____ **Date**

5. _____

President

Date

Effective Date of Increase _____