

**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 \_\_\_\_\_