University of Oregon Faculty Retention Approval Request Form

Submit signed form to the Office of the Provost

Date:		Unit/Department & School/College:		
Name of Employee:		Employee ID #:	Title or Rank:	
Current Total Base Salary & OPE:	FTE:	Proposed Total Base Salary & OPE:		FTE:
Source(s) of Funds:			Effective Date:	
Note any previous retention salary adjustments *(indicate dates)*:				
Department Head (or unit director/supervisor) Name:			UA Bargaining Unit Member? ❑ Yes ❑ No	

Please mark one

Written documentation attached:

❑ A written offer to the faculty member from another institution; or

❑ Written evidence that the faculty member is being actively and seriously recruited by another institution, or a search firm for an institution, at a compensation level likely to exceed current compensation; or

❑ Other strong evidence of imminent risk for losing a faculty member in the absence of a retention adjustment.

Justification for retention salary increase (may be attached as a separate document):

Dean/VP signature of approval:	Date:

OTP

❑ Approved ❑ Denied ❑ Returned for more information

Senior Vice Provost signature of approval:	Date:
Provost signature of approval:	Date: