

OLD DOMINION UNIVERSITY COMPETITIVE SALARY OFFER FORM

1. EMPLOYEE/POSITION DATA

A. EMPLOYEE NAME	B. UIN
C. POSITION NUMBER	D. ROLE TITLE
E. EFFECTIVE DATE OF INCREASE <small>(MUST BE THE 10TH OR 25TH OF A MONTH)</small>	F. DEPARTMENT NAME/BUDGET CODE
G. CURRENT SALARY	H. PROPOSED SALARY

2. BUDGET INFORMATION

BUDGET ADJUSTMENT MUST ACCOMPANY THIS FORM TO ENSURE PROMPT PROCESSING		
A. BASE SALARY INCREASE AMOUNT	B. BASE BENEFITS AMOUNT	C. TOTAL INCREASE

3. JUSTIFICATION FOR COMPETITIVE SALARY OFFER

Describe the following:

- Criticality of retaining the employee
- Impact on agency operations should the employee leave
- Difficulty in replacing the employee's knowledge, skills, abilities, competencies
- Internal alignment implications

- What Impact, if any, would this competitive offer have on comparable positions/employees in the department?

- **Attach Copy of Offer Letter (REQUIRED)**

4. AUTHORIZATION/APPROVAL

SUPERVISOR		DATE
BUDGET UNIT DIRECTOR	APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/>	DATE
STAFFING AND OPERATIONS SUPERVISOR	APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/>	DATE
UNIVERSITY BUDGET OFFICER or DESIGNEE	APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/>	DATE
VICE PRESIDENT or DESIGNEE	APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/>	DATE