



**Oregon State University**  
**College of Agricultural  
Sciences**

**Off-cycle Salary Increase Request Template and Routing Process**

Department/Unit:

Name of Supervisor:

Name of Employee:

Employee ID #:

Current Position:

Number of Years in Position:

Current Salary:

Type of Increase:

Month Basis (9 or 12):

Equity

Requested New Salary:

Other (non-performance, explain under justification)

Requested Salary (% increase):

Retention

Is this employee's position description current?    Y    N

Date of Last Performance Review:

Did the employee fully meet or exceed the expectations for the position?    Y    N

Summary of Employee's Education, Training, and total relevant work experience  
(or attached resume/vita):

1. Education:
  
2. Training/certifications:
  
3. Total relevant work experience:

Summary of Justification:

Proposed Effective Date:

Submit your Off-cycle Salary Increase Request Form through DocuSign with the following signing order:

1. Unit Leader Approval – signature: \_\_\_\_\_ date: \_\_\_\_\_
2. CAS-Deans Approval Signing Group – signature: \_\_\_\_\_ date: \_\_\_\_\_
3. [CAS HR Strategic Partner](#) – cc
4. Position Descriptions Signing Group - cc