

University of Oregon Retention Approval Request Form
Submit signed form to the Office of the Provost and Academic Affairs

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 (<i>indicate dates</i>):			
Department Head (or unit director/supervisor) Name:		UA Bargaining Unit Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please mark one</i> Written documentation attached: <input type="checkbox"/> A written offer to the faculty member from another institution; or <input type="checkbox"/> 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 <input type="checkbox"/> 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:	
OPAA <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Returned for more information			
Senior Vice Provost signature of approval:		Date:	
Provost signature of approval:		Date:	