## RECOMMENDATION FOR MERIT SALARY ADJUSTMENT

Name (last, first, initial)	SSN/Sam ID F	Present Rank	Department	
	tion granting, and year receiv			
	hio			
Tenure Status: Tenured	(ye	ai)	Probationary	
Years in Present Rank:				
Date of initial employment	at SHSU:			
Refer to Academic Policy the following items:	Statement 800722, "Merit A	dvances in Salary,"	Section 3, in denoting your	judgment regarding
_	Fails to m	neet basic requiremer	nts:	
		Unsatisfactory Marginal	1	
_	Satisfies	basic requirements:		
		Acceptable		
		Good		
_	Exceeds	basic requirements:		
		Outstanding Superior		
Recommendation on Meri	t Salary Adjustment:			
Yes, wi	th a salary increment adjustn	nent of \$		
Recommendation on Meri	t Salary Adjustment:	Departme	nt/School Chair	Date
Yes, wi	th a salary increment adjustn	nent of \$	<u> </u>	
Recommendation on Meri	t Salary Adjustment:	Academic	Dean/Director	Date
Yes, wi	th a salary increment adjustn	nent of \$		
		Provost a	nd VPAA	Date

Name (last, first, initial)	

## **Academic Record at SHSU**

Rank	Year(s)	Assignment (teaching, research, etc.)	

This form is to be submitted for each person for whom a merit salary adjustment is being forwarded for review and is to be supported by a current dossier.