



MINORITY RECRUITMENT AND RETENTION SALARY SUPPLEMENT

(Please check one)

___ Arts and Sciences ___ Business ___ Dental Medicine ___ Education
___ Engineering ___ Lovejoy Library ___ Nursing ___ Pharmacy

Purpose of request:

New faculty member Department Rank Hire Date

____ Tenure track position (One-year or two years)
(One Year) FY _____ \$ _____ Two Years FY _____ \$ _____

____ Summer Research Assistance Funds
(One Year) FY _____ \$ _____ FY _____ \$ _____

(Two Years) FY _____ \$ _____ FY _____ \$ _____

ATTACH RATIONALE FOR REQUEST

(Provide copy of faculty vita)

Signature:

Requesting Dean

Date

Return completed form with attached rationale to the Office of the Assistant Provost for Institutional Diversity and Inclusion, Box 1020

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FOR OFFICE USE ONLY

Approval Denial Rationale Attached

APPROVAL SIGNATURE AND AMOUNTS:

FY _____ \$ _____ FY _____ \$ _____

FISCAL OFFICER / ASSISTANT PROVOST

Date