

**APPROVAL OF FACULTY SALARY INCREASE/DECREASE**

Case Western Reserve University School of Medicine

Submit all materials to: [somFacultyApptMaterials@case.edu](mailto:somFacultyApptMaterials@case.edu)

(for more detail, see Faculty Appointments, Promotions and Tenure Procedures Manual:

<http://casemed.case.edu/facultyaffairs/>)

Date: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Faculty Rank: \_\_\_\_\_

Department: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

chair signature

**Please enter the components by source of funding for the faculty member named above:**

Source	Present Salary	Proposed Salary	Identify Account Numbers
Case Western Reserve Operating Budget			OPR,INS,VSN
Case Western Reserve Research/Training			RES, TRN
Case Western Reserve Other			SPC,END.,FHB
<b>Case Western Reserve Salary Subtotal Representing _____% effort</b>			If applicable, please divide CWRU portion of salary into Base, Incentive, & Supplement: \$ _____ Base \$ _____ Merit \$ _____ Incentive \$ _____ Supplement
Direct Hospital Payment			
Direct Other Payment			
<b>TOTAL SALARY FROM ALL SOURCES</b>			

**Submit this form along with the Case Western Reserve University Personal Data (pd) Salary Authorization form to the Office of Faculty Affairs and Human Resources.**