REQUEST FOR PARTICIPATION IN THE SALARY ENHANCEMENT PROGRAM FY _____

This requests approval to participate in Texas A&M Agriculture Salary Enhancement Program for the period September 1, _____ through August 31, _____ and confirms conditions of employment related to participation.

Name: _____

Title: _____

Unit: _____

Terms

Base annual salary for FY _____ is $ _____ monthly and $_____ annually

Annual salary enhancement percentage is ___%. This reflects an annual salary increase of $_____. The supplemented salary will total $_____ monthly and $_____ annually.

Source of funds for the salary supplement and associated benefits is account _____.
If this is a Texas Agricultural Experiment Station employee, and a designated account is the source of funds, the Unit Head's signature below certifies that sufficient residual funds from expired contracts and grants are available to cover the costs of the SEP request.

If funding from this account cannot be continued through the fiscal year, and other eligible funds are available, a substitution of eligible funds may be made by submitting an Employee Payroll Action (EPA) upon approval by the unit head

Upon the expiration of this agreement, or, if external funds are no longer available, the salary will be reduced to base salary plus any salary increases received on the appropriated base portion of salary during the period of this agreement. The appointment for this position will remain 100% for twelve months.

This agreement is subject to modification by mutual agreement.

This agreement only applies to Fiscal Year _____. A new agreement must be submitted for approval in each subsequent fiscal year.

_____ _____

Faculty Member Signature Date Unit Head Signature Date

Reviewed: _____ _____

Contract Administration Date

Reviewed: _____ _____

Human Resources Date

Approved: _____ _____

Director or Designee Date