

MOTT COMMUNITY COLLEGE
Office of Human Resources

Faculty Salary Adjustment Request

Name: _____ Data ID: _____ Date: _____

This is to certify that on the above date I filed the following credits with the Office of Human Resources of Mott Community College:

Course	No.	Term Hours	Semester Hours	Grade	College	Date Completed

- The present basis of training on which my salary is now computed is _____, Step _____.
- The credits herewith submitted should entitle me to _____ additional hours of training.
- The basis of training on which my next contract salary should be computed will be _____, Step _____.

NOTE: All adjustments to salary as a result of additional training shall be effective at the beginning of the payroll period succeeding the date that a certificate that such training has been successfully completed is received by the Office of Human Resources. It shall be the responsibility of the faculty member to obtain such a certificate and deliver or cause such certificate to be delivered to the Office of Human Resources.

 Instructor's Signature Date

TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

Effective Date: _____	Training: _____
Experience: _____	Present Salary: _____
Proposed Salary: _____	

 Human Resources Representative's Signature Date

Notice sent to faculty member: Yes No Date: _____