STARTING SALARY REQUEST FORM
Justification for Salary Offers above the Minimum Posted for the Position

This form must be completed and approved before an offer can be made to the job candidate.

Title of Position: ____________________________  Affirmative Action No. __________

Applicant’s Name: _________________________________ Requested Salary: ______

Please attach a copy of the candidate’s resume or job application to this request.

Clearly state the reason(s) for this request.

Submitted by: _________________________________ Department: ____________________
(Hiring Manager)
Date: ____________

Approved by: (HR Use Only)

Compensation Department: _______________________________ Date: ____________

Office of the Provost: _____________________________ Date: ____________
(If Required)