Clear

UW-Stout

LTE RATE ADJUSTMENT FORM

This form must be completed and all approvals obtained before the LTE increase will be implemented. *LTE's ARE LIMITED TO ONE (1) RATE INCREASE PER FISCAL YEAR*.

Requested by:	Department:	Phone Extension:
LTE Name:		Effective Date:
Current Hourly:	Amt of Increase:	New Hourly:

Adjustment Reason

(Check all that Apply)

☐ Increased Competencies ☐ Retention ☐ Increased Responsibilities

☐ Equity ☐ Newly Acquired Skills

☐ Other (Explain) _____

_____

Account(s) to be charged: _____% _____ _____% _____

_____% _____ _____% _____

SIGNATURE APPROVALS: *(All approvals must be obtained before Human Resources will process.)*

Department Chair/Account Administrator _____ Date _____

Dean/Director _____ Date _____

Provost/Vice Chancellor/Chancellor _____ Date _____

HUMAN RESOURCES ACTION

Classification/Class Code	Effective Date	New Hourly	LTE Request #	Appt #
_____	_____	_____	_____	_____