

Tallahassee, FL 32306-2410 Phone: (850) 644-6034 Fax: (850) 645-4670

ADMINISTRATIVE DISCRETIONARY INCREASES CHECKLIST (Faculty)

	Employee Name	Employee ID	Rec#	Date	
Job Title		Department Name		Department Number	
Department Representative Name (Print)		Department Representative Email		e Email	
	Indicate the appropriate reason for the ADI below. All ADI praccompanied by a pPaf or ePaf and the required back-up do significantly delay processing time.				
	Note: Justification Memos should be forwarded to the Office of may be sought from the Provost and Executive Vice President		dvancement so	o that approval	
Со	unter-offers				
	 Copy of the verified written offer 				
	 Justification Memo approved by the Office of the Provos 	st and the Office of Faculty Do	evelopment &	Advancement	
En	dowed/Named Chairs				П
	 Copy of the criteria and procedures for the award of the 	e chair		•	_
	 Justification Memo approved by the Office of the Provos 	st and the Office of Faculty De	evelopment &	Advancement	
	traordinary Accomplishments (Note: All supporting documentation of the Office of Faculty Development & Advancement)	on in this category must be appr	oved by the Offi	ce of the Provost	
a.	Recognition Internal to the University				
	Explanation, outlined in a memo, of how the accomplishments exceed the minimum criteria for the top merit				
la.	category of the department/unit				_
υ.	 b. <u>Or</u> Recognized by the National or International Academic or Professional Community Award letter, containing a description of the award (Memo format preferred, but emails accepted) 				_
	 Allocated Increase Memo from the Office of the Provost 		ans accepted;		_
	Extraordinary Accomplishments Award Recognition Req				_
Eq	uity Adjustments				ī
	 Salaries and history of annual accomplishments 				
	 Justification Memo approved by the Office of the Provos 	st and the Office of Faculty Do	evelopment &	Advancement	
Inc	creased Duties and Responsibilities				П
	 Signed annual Assignment of Responsibilities for the year 	ar preceding the change		•	_
	 New, signed annual Assignment of Responsibilities reflect 	cting the increased duties and	d responsibiliti	es	_
	 Justification Memo approved by the Office of the Provos 	st and the Office of Faculty De	evelopment &	Advancement	_
Re	cognition for Distinguished Faculty				$\bar{\mathbb{J}}$
	 Specific external award or alternative criteria 				
	 Justification Memo approved by the Office of the Provos 	st and the Office of Faculty Do	evelopment &	Advancement	_
Ot	her				٦
	 Justification Memo approved by the Office of the Provos 	st and the Office of Faculty Do	evelopment &	Advancement	_

Note: ADIs awarded under this reason must be submitted a minimum of 15 days before the effective date