

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			
	Indicate the appropriate reason for the ADI below. All ADI processing requests submitted to Human Resources must be accompanied by a pPaf or ePaf and the required back-up documentation, specified below. Missing documentation will significantly delay processing time.				
	<b>Note:</b> Justification Memos should be forwarded to the Office of may be sought from the Provost and Executive Vice President for require approval from the University President.				
Со	ounter-offers				
	<ul> <li>Copy of the verified written offer</li> </ul>				
	<ul> <li>Justification Memo approved by the Office of the Provos</li> </ul>	t and the Office of Faculty D	Development &	Advancement	
Endowed/Named Chairs					
	<ul> <li>Copy of the criteria and procedures for the award of the</li> </ul>	chair			
	<ul> <li>Justification Memo approved by the Office of the Provos</li> </ul>	t and the Office of Faculty D	Development &	Advancement	
<b>Extraordinary Accomplishments (Note:</b> All supporting documentation in this category must be approved by the Office of the Provost and the Office of Faculty Development & Advancement)				ce of the Provost	
a.	_				
	<ul> <li>Explanation, outlined in a memo, of how the accomplish</li> </ul>	ments exceed the minimum	criteria for the	top merit	
b.	category of the department/unit  Or Recognized by the National or International Academic or P	Professional Community			
υ.	Award letter, containing a description of the award (Memo format preferred, but emails accepted)				
	<ul> <li>Allocated Increase Memo from the Office of the Provost</li> </ul>		,		
	<ul> <li>Extraordinary Accomplishments Award Recognition Requ</li> </ul>	uest Form			
Equity Adjustments					
	Salaries and history of annual accomplishments			•	
	<ul> <li>Justification Memo approved by the Office of the Provos</li> </ul>	t and the Office of Faculty D	Development &	Advancement	
Inc	Increased Duties and Responsibilities				
	<ul> <li>Signed annual Assignment of Responsibilities for the year</li> </ul>	r preceding the change		•	
	<ul> <li>New, signed annual Assignment of Responsibilities reflect</li> </ul>	ting the increased duties ar	nd responsibilitie	es —	
	<ul> <li>Justification Memo approved by the Office of the Provos</li> </ul>	t and the Office of Faculty D	Development &	Advancement	
Recognition for Distinguished Faculty					
	Specific external award or alternative criteria				
	<ul> <li>Justification Memo approved by the Office of the Provos</li> </ul>	t and the Office of Faculty D	Development &	Advancement	
Other					
•	<ul> <li>Lustification Memo approved by the Office of the Provos</li> </ul>	t and the Office of Faculty [	Development &	Advancement	

All documents must be submitted to HR prior to the Payroll Submission Deadlines.

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