

SALARY WORKSHEET FOR FULL-TIME FACULTY

To: Office of Academic Affairs

This recommendation applies to:

Applicant: _____
(Last name; First name) (Department)

Salary Computation:

_____ CUPA Data Year
_____ CIP Code
_____ Rank
_____ CUPA Median for CIP Code and Rank
_____ Adjustment (specify reason in remarks section)
_____ Total

Remarks:

Dean's Signature _____ Date _____

Academic Affairs Review _____ Date _____