



REQUEST FOR PARTICIPATION IN THE SALARY ENHANCEMENT PROGRAM FY _____

This requests approval to participate in Texas AgriLife Salary Enhancement Program for the period September 1, _____, through August 31, _____, and confirms conditions of employment related to participation.

Name: _____

Title: _____

Unit: _____

Terms:

Base annual salary for FY _____ is \$ _____ monthly and \$ _____ annually.

Annual salary enhancement percentage is _____%. This reflects an annual salary increase of \$ _____.
The supplemented salary will total \$ _____ monthly and \$ _____ annually.

Source of funds for the salary supplement and associated benefits is account _____. The unit head's signature below certifies that sufficient funds from allowable accounts are available to cover the costs of the SEP. In accordance with agency procedure, *Faculty Salary Augmentation*, indirect cost accounts may not be used.

If funding from this account cannot be continued through the fiscal year, and other eligible funds are available, a substitution of eligible funds may be made by submitting an Employee Payroll Action (EPA) upon approval by the unit head.

Upon the expiration of this agreement, or, if external funds are no longer available, the salary will be reduced to base salary plus any salary increases received on the appropriated base portion of salary during the period of this agreement. The appointment for this position will remain 100% for twelve months.

This agreement is subject to modification by mutual agreement.

This agreement only applies to Fiscal Year _____. A new agreement must be submitted for approval in each subsequent fiscal year.

Employee signature

Date

Unit Head signature

Date

Reviewed:

Contract Administration

Date

Human Resources

Date

Approved:

Director or Designee

Date