

UAB
COMPENSATION APPROVAL RECOMMENDATION FORM
Salary and Payments Subject to Board Rule 302.3

Employee/Candidate for Employment/Promotion: _____

Title: _____

Recommended payment would be characterized as:

_____ Merit Increase	_____ Bonus Payment
_____ New Hire	_____ Incentive Plan Payment
_____ Equity Adjustment	_____ Fixed Increment Payment
_____ Promotion	_____ Other _____

Originating Department Contact: _____ **Phone:** _____

Approvals:

(Supervisor) (Department Head)

(Associate Vice President, if applicable)

Reviewed By: _____ (Dean) _____ (Dean)

UABHS Board

Comp. Comm. _____ (Vice President/Provost/UAB Health System CEO)

(President)

Transmitted to System Office By: _____ **Date:** _____
(Board Liaison)

TO BE COMPLETED BY BOARD LIAISON

Board Response: _____ Approved as Submitted _____ Approved with Modifications
_____ Not Approved

Date Response Received: _____

Date Forwarded to Budget Administration: _____

Date Returned to Senior Executive: _____