



REQUEST FOR SALARY-ABOVE-BASE (SAB) FOR PROFESSORIAL TITLES

Please e-mail form to: Kenneth.Norz@cuny.edu
 Senior University Director of Academic Affairs and Graduate Studies

Date	
College or School	
Faculty Member's Name	
Department	
Faculty Member's Rank	
Date of Initial Appointment	
Seven-Year Step Salary Faculty member must be on the seventh salary step	\$
Requested Salary above Base SAB request may not exceed an additional 80% of the current maximum for the seventh salary step	\$
Total Requested Salary	\$
Date of <i>Ad Hoc</i> Faculty Committee Meeting	
Effective Date if Currently on Payroll	
Please provide brief justification informed by candidate's qualifications or current market conditioning.	
Signature of President/Provost	
Name of President/Provost	