

**MOTT COMMUNITY COLLEGE**  
**Office of Human Resources**

**Faculty Salary Adjustment Request**

Name: \_\_\_\_\_ Datatel ID: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that on the above date I filed the following credits with the Office of Human Resources of Mott Community College:

Course	No.	Term Hours	Semester Hours	Grade	College	Date Completed

- The present basis of training on which my salary is now computed is \_\_\_\_\_, Step \_\_\_\_\_.
- The credits herewith submitted should entitle me to \_\_\_\_\_ additional hours of training.
- The basis of training on which my next contract salary should be computed will be \_\_\_\_\_, Step \_\_\_\_\_.

Note: All adjustments to salary as a result of additional training will be effective at the beginning of the payroll period succeeding the date that the official transcript or certificate demonstrating that such training has been successfully completed is received by the Office of Human Resources. It is the responsibility of the faculty member to request that the appropriate documentation be mailed to the Office of Human Resources.

\_\_\_\_\_  
 Instructor's Signature Date

**TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES**

Effective Date: _____	Training: _____
Experience: _____	Present Salary: _____
Proposed Salary: _____	

\_\_\_\_\_  
 Human Resources Representative's Signature Date

Notice sent to faculty member: Yes  No  Date: \_\_\_\_\_