

<b>Provost Office Use ONLY</b>	
Approved _____	Amount _____
Denied _____	Initial _____
Date _____	

**REQUEST FOR EXCEPTIONAL SALARY INCREASE (ESI)**

Salary increases can be granted in recognition of exceptional performance in order to retain valuable faculty members. Requests may be initiated by a faculty member's chairperson, however, all requests must be submitted by the Dean's office. ESI requests must be received by August 15 for the fall semester and by January 15 for the spring semester. Notification will be sent by September 1 for the fall semester and by February 1 for the spring semester. Only emergency ESI requests will be considered outside the above timeline.

Name (receiving ESI): \_\_\_\_\_ Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Description of ESI request:

**\*Please attach to this form a salary analysis by rank, gender and diversity. Please include source of information for analysis.**

Approved by:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

**Please submit form and salary analysis to Donna Williams at [donna@uri.edu](mailto:donna@uri.edu)**  
*If you have any questions, please contact Donna Williams at 874-4410 or [donna@uri.edu](mailto:donna@uri.edu)*