

TO BE COMPLETED BY SCHOOL		
Faculty Member Name:		
Department Name:		
School:		
Temporary Faculty Educational Degree or Credential Adjustment <i>Documentation of Degree/Credential Must Be Attached</i>		
Degree / Credential Attached		
Current Full-Time Monthly Compensation Rate:		\$
Amount of Increase to Full-Time Monthly Rate:	+	\$
New Full-Time Monthly Compensation Rate:	=	\$
Temporary Faculty Range/Grades 2 - 5		
Current Range/Grade:	*New Range/Grade	Effective Date of Increase:
* The Range / Grade will not change in all circumstances, this is based upon the new Educational Degree or Credential earned. Insure that the new monthly rate is within the salary parameters of the Range / Grade.		

Required Approvals:

TO BE COMPLETED BY DEAN	
Signature:	Date:

Submit to: facultya@sonoma.edu

TO BE COMPLETED BY AVP FOR FACULTY AFFAIRS AND SUCCESS	
Signature:	Date:

FACULTY AFFAIRS USE ONLY		cc: Personnel Action File	
Documentation of Degree/Credential Received	Entered into PeopleSoft	Date:	
Letter Prepared and Change of Status Updated		Date:	