**ANNUAL REQUEST TO CHANCELLOR FOR AUTHORITY TO EXCEED MAXIMUM LEGISLATED SALARY LEVEL FOR EXCEPTIONALLY WELL-QUALIFIED**

**ACADEMIC AND NON-ACADEMIC PERSONNEL\***

University of Arkansas, Fayetteville

[Form for Over Line-Item-Max (LIM) Approval Request to Chancellor]

**Request Form**

Enter the name of the submitting unit, the date of submission, and the items of information specified for each person. Two lines are required for each person, one for information items for the forthcoming year, and a second to report data from the current year. See Academic Policy 1435.60 for instructions on completing the Request Form on preceding page and also Fayetteville Policies and Procedures, 411.0

School, College, Library:

Date of Submission:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name, Title, Department** | **Year** | **Appt. Period** | **Salary** | **LIM** | **% Above LIM** | **Amt Private Fd** |
|  |  |  |  |  |  |  |

**REQUEST FOR AUTHORIZATION FOR SALARY TO EXCEED AUTHORIZED MAXIMUM FROM SOURCES OTHER THAN PUBLIC FUNDS**

[Form for Over Line-Item-Max (LIM) Approval Request to Chancellor]

Campus or Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Authorized Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_

Current Salary (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount from Sources Other than Public Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The employee is certified to be an Exceptionally Qualified Employee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Chancellor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chancellor