

**LSUE** | OFFICE OF  
**HUMAN RESOURCE MANAGEMENT**  
**COMPENSATORY REQUEST**

Employee Name:

Division/ Department:

Business Title:

Account(s) for Payment:

**PAYMENT TYPE**

Payment Type:

**Compensation Change:** used when proposing permanent increase to an employee's base salary

Start Date:

End Date:

Total Payment:

Start Date:

Proposed Base Pay:

Justification:

Justification:

Start Date   End Date

Employee Education:

Course:	Course #:	Course Section:	Student Enrollment:	/	Pay:	FTE:
Course:	Course #:	Course Section:	Student Enrollment:	/	Pay:	FTE:
Course:	Course #:	Course Section:	Student Enrollment:	/	Pay:	FTE:
Course:	Course #:	Course Section:	Student Enrollment:	/	Pay:	FTE:

**APPROVALS**

Direct Supervisor

Dean/ Division Head

Vice Chancellor for  
Academic Affairs

Vice Chancellor for  
Business Affairs

Chancellor