

Western University of Health Sciences
Budget Development Process Phase I
Proposed Salary Pool Adjustment Form
Fiscal Year 2021/2022

Proposed Salary Pool Adjustment

College/Department Name: _____

Organization Number: _____

Prepared By: _____

Date: _____

Reviewed by Dean/Dept. Head: _____

Contact Person & Extension: _____

List proposed salary pool adjustment. Also, separately, provide information related to any proposal for increases to the Fringe Benefits Pool.

2020/2021 Pool Adjustment %	2021/2022 Proposed Salary Pool Adjustment %	Justification/Rationale
0.0%		