

Provost office support for retention actions may be approved as a matching program for up to \$10,000 annually, and for a standard term of 3 years, after which the department and college take on responsible for the full salary.

Please submit this signed form along with and correspondence from the department (PDF copies of emails are acceptable) providing additional background and justification for the request.

Faculty Member Name	_____
Faculty Member Title	_____
Faculty Member Department	_____
Current Salary	_____
Proposed Total Salary Increase (\$)	_____
Amount Requested <small>(no more than \$10,000/yr)</small>	_____
Effective date of salary action	_____

Nature of Retention:

- Preemptive: faculty is at risk for departure, but has not interviewed or received an external offer
- Reactive: faculty is close to, or has received an external offer

Approvals:

Dean signature	Date
Executive Vice President and Provost signature	Date

Please notify:

Matt Hammond, Assistant Director of Business Affairs
Office of the Provost
mahammon@vt.edu

of the outcome of this retention action, so any transfer of funds can be arranged in a timely manner.

FOR PROVOST OFFICE USE

Cost Share Amount (per yr)	_____
Cost Share Start Date	_____
Cost Share Term	_____