

**ISU FACULTY INCENTIVE SALARY INCREMENT PROGRAM (FISIP)  
 AGREEMENT and RENEWAL FORM  
 Fiscal Year 2018**

This form is to be completed by the department chair at the time of the faculty member's annual review. The decision to approve or renew a FISIP agreement should be based upon performance (and the recognition, during the annual review, that the level of high-performance is sustained), salary competitiveness, and availability of incentive funds.

Name \_\_\_\_\_ UID# \_\_\_\_\_

Rank \_\_\_\_\_ Pay Base \_\_\_\_\_

Department \_\_\_\_\_ College \_\_\_\_\_

Date of Annual Review \_\_\_\_\_

Proposed Incentive Increment Amount \_\_\_\_\_ FY 17 Base Salary \_\_\_\_\_

Active PI \_\_\_\_ or Co-PI \_\_\_\_ PI Incentive Account # \_\_\_\_\_

*If FISIP Renewal:*

Is this the same amount/percentage as in the previous agreement? \_\_\_\_ Yes \_\_\_\_ No

If NO, what was the previous amount? \_\_\_\_\_

*If FISIP is Terminated:*

Faculty Incentive Increment Agreement to end? \_\_\_\_ Yes Effective Date \_\_\_\_\_

\_\_\_\_\_  
 FISIP Participating Faculty Member Date

\_\_\_\_\_  
 Department Chair Date

\_\_\_\_\_  
 Dean Date

\_\_\_\_\_  
 Senior Vice President and Provost Date