ISU FACULTY INCENTIVE SALARY INCREMENT PROGRAM (FISIP)
AGREEMENT and RENEWAL FORM

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 ________________________________ Active PI ____ or Co-PI _____

Department ____________________________ College _______________________

Date of Annual Review ___________________

Incentive Increment Amount __________ Base Salary ______________

% Incr of Base Salary __________

Start Date __________ (FY _____) End Date __________

PI Incentive Account # _______________

If FISIP Renewal:
Is this the same amount as in the original agreement? ___ Yes ___ No
If NO, what was the original 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

Original retained by SVPP; copies to Dean and Department Chair