

**ISU FACULTY INCENTIVE SALARY INCREMENT PROGRAM (FISIP)
RECOMMENDATION AND AGREEMENT FORM
Fiscal Year 2024**

To be completed by Department Chair/Director:

Chair/Director Name: _____ College/Dept _____

I have determined through the performance review process that the faculty member named below has demonstrated **exceptional performance in research** and **satisfactory performance in all other areas of position responsibility** during the current review period. Based on my evaluation of performance, I recommend that the faculty member receive a FISIP in the amount indicated below.

Signature of Chair/Director: _____

Faculty Member Name: _____ UID# _____

Rank _____ Annual Work Period (9- or 12-months) _____

Date of Annual Review _____

Proposed Incentive Increment Amount \$ _____ % _____ FY23 Base Salary \$ _____

Active PI _____ or Co-PI _____ PI Incentive Worktag # _____

To be completed by faculty member:

I agree to receive a FISIP increment in FY24.

Signature of FISIP Participating Faculty Member

Date

Administrative Approvals:

Dean

Date

Senior Vice President and Provost

Date

If FISIP is Terminated:

Faculty Incentive Increment Agreement to end? ____ Yes Effective Date _____

Signature of Department Chair/Director: _____