

Research Assistant FY 25 Justification Form

Purpose: This form is intended for use by Units who are unable to provide the full 4.5% increase for **Research Assistantship** holders for FY25. **This form is not to be used for any other Graduate Student Assistantship type.**

Student Name:

Requester Name:

UNM ID:

Requester Phone:

Assistantship Type:

Position Number:

Department:

Suffix:

ORG:

Contract Number:

Effective Date of Contract:

Previous Contract Monthly Pay Rate		Increase Monthly Amount:	
Proposed Monthly Pay Rate		*Increase Percent:	
Appointment Percent (FTE):			

*Increase Percent Formula: $(\text{Proposed} - \text{Current}) / \text{Current} * 100$

Justification: Detail why the full increase cannot be given. Additionally, the justification must specify the name of the grant and if the funder was contacted.

PI

Date

Chair/Director

Date