



Salisbury University
Salary Information Request Form

Pursuant to provisions of the Maryland Public Information Act, Part III, 10-611 (2), I the undersigned request information on the salary of the following individual(s) or category(ies) of employee(s) at Salisbury University.

Name(s) of individuals: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
\_\_\_\_\_ (if more than five, attach separate list)

Category (ies) of Employee(s): (e.g. all part-time, exempt staff, all faculty, all non-exempt staff, etc.)

(If more than three categories, attached separate list)

In receiving this specified salary information, I acknowledge having read and understand the following points.

- 1. Salisbury University is not responsible for any actions that might flow from the misuse of this information.
2. If an employee of Salisbury University, I acknowledge receiving a copy of the University's Policy on Disclosure of Employee Salary Information.
3. Misuse of this information by an employee of the University may subject the employee to legal claims and such misuse will be deemed an action taken outside of their employment with the University.
4. Completed salary request information form to be submitted to the Human Resources (HR) Department.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Date request received in HR Dept. \_\_\_\_\_ By Whom \_\_\_\_\_

A. Response Time

The University will provide a response to this request by:

- 1. Approving the request and providing the requested information as promptly as possible but no longer than 30 calendar days.
2. Denying the request and providing a written statement within ten (10) working days that gives reason, legal authority and review opportunities.

B. Fees

- 1. A fee will not be charged for the first two hours needed to search a record.
2. Fees may be charged for work beyond two hours or in cases where copies of the record are requested. Anticipated cost for work beyond two hours is \$35.00 per hour, plus .15 cents per page for copies.
3. The University will consider requests for waivers of the fee.

Name of person who delivered requested information \_\_\_\_\_
Signature of person who delivered requested information \_\_\_\_\_

Date information delivered \_\_\_\_\_

Name and signature of person who received requested information \_\_\_\_\_

**Original Request form to be maintained in Human Resources Dept.**