****

**INCENTIVE PAY REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AY |  |  | Deferred Pay (check if yes) |  |  | FY |  |  | Current PCN |  | Current Annual Salary |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | Primary Department: | | | |  | | |
| V Number: | |  | | | | | | Primary Job Title: | | | |  | | |
| Phone #: | |  | | | Email: |  | | | Current FTE: | | |  | | |
|  | | | | | | | | | | | | | | |
| Hiring Department: | | |  | | | | | | | | | |
| Hiring Contact Person: | | | |  | | | Phone #: | | |  | Email: | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Type** | | | | |
|  | Classified Staff | Incentive Pay Amount: | | $ |
|  | Exempt Staff | Incentive Pay Amount: | | $ |
|  | University (Permanent) Faculty | Incentive Pay Amount: | | $ |
|  | Temporary Faculty | Incentive Pay Amount: | | $ |
|  | Temporary Staff | Incentive Pay Amount: | | $ |
|  | Post-Doctoral Fellow | Incentive Pay Amount: | $ | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of Incentive Pay Request: Include Justification** | | | | | |
| Period of time: | Begin Date: |  |  | End Date: |  |
| Justification Guidance: Summarize why this request is being made and justify the amount of pay being requested. Attach additional documentation to this form as necessary. | | | | | |
|  | | | | | |

|  |
| --- |
| **Subject to approval, signatories of this document agree to the following terms:** |
| This Agreement constitutes the entire agreement between the Parties with respect to the subject matter of this Agreement; it supersedes all prior negotiations, agreements, representations and understandings with respect thereto. This Agreement may only be amended by a written document signed by the Parties.  This Agreement shall be construed and enforced in accordance with the laws of the State of Idaho, without regard to the conflict of laws rules. Any action brought under this Agreement shall be brought within a court of competent jurisdiction in the County of Latah, state of Idaho. If any part of this Agreement is held unenforceable by a court of competent jurisdiction, then such provision will be modified to reflect the Parties’ intention, and all remaining provisions of this Agreement shall remain in full force and effect.  This Agreement will be effective as of the last date of signature by a party to this agreement; this Agreement may be terminated by either party with 30 days’ notice. Termination of this Agreement shall not affect the rights granted by one party to the other prior to termination. If the Course Author fails to submit course materials, University reserves the right to cancel or renegotiate this Agreement. |



**INCENTIVE PAY REQUEST FORM PAGE TWO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please obtain all signatures of acknowledgement in this box prior to submission. This change form is subject to the approval by the President of the University or designee (Provost and Executive Vice President or Vice President) to make the changes effective.  **Payment cannot commence prior to final approval and approval is not guaranteed.** | | | | | |
| **Are the services to be provided connected to a grant, grant subcontract or other sponsored program?**  **If yes, the SPONSORED PROJECTS ONLY box must be completed in full.** | | | | | |
| Hiring Department Supervisor *(if different than primary)* |  | Date | SPONSORED PROJECTS ONLY\*: Complete prior to submitting for approval when related to sponsored project. Attach official approval from the sponsor or a copy of the budget that shows the additional compensation specifically detailed in the budget. | | |
| Hiring College/Unit Dean *(if different than primary)* |  | Date |
| Primary Department Supervisor |  | Date | Project Title |  |  |
| Primary College/Unit Dean |  | Date | Primary Principal Investigator  *(if different than recipient)* |  | Date |
| Employee |  | Date | OSP Approval *(for funding source)* |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OFFICIAL USE BY: Provost & Executive Vice President, Vice President or President** | | | | |
| **PROCESSING INSTRUCTIONS FOR APPROVALS:** | **EFFECTIVE DATE:** |  | **TERMINATION DATE:** |  |
| **Approving Office Notes:** | | | | |
|  | | | | |
| **Provost and Executive Vice President, Vice President or President Approval Date** | | | | |

**PROCESSING STEPS:** If approved, Provost, Vice President or President will route all approved documents to Payroll and copy the hiring department contact. It is the hiring department contact’s responsibility to inform the employee of final decision and provide a copy of the signed forms.

\*The Provost and Executive Vice President and the Vice Presidents have authority on positions in their area, subject to the final approval of the President. This form also documents the University’s compliance with 2 CFR 200. See FSH 3260/FSH 3480 for additional guidance.