**STAFF TEMPORARY PAY CHANGE FORM Fiscal Year 2023**

***Payment Agreements will only be in effect within the fiscal year noted above.***

(Updated 01.13.2023)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  | PCN and Suffix |  | |
| V Number |  |  | Exempt Staff Classified Staff | | |
| Department |  |  | | |
| Job Title |  | Current Permanent Hourly Rate | |  |
|  |  | Current Permanent Annual Salary | |  |
| Dept. Contact |  |  | Current Permanent FTE | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Temporary FTE Change to:** |  | **OR** | **Temporary Rate of Pay Increase**  (When employee is performing higher-level work, attach approved Staff Working Temporarily at a Higher-Market Rate Form with the temporary target calculation) | | | | | |
| To meet unit business needs  (describe below) | | |
| At employee’s request  (attach Voluntary FTE Reduction form) | | | Classified temporary hourly increase to……… | | | | $ per hour | |
|  | | | **Or**  Exempt additional compensation per pay | | | | | |
| Per Pay amount | X # of Pay Periods | | Total Additional Compensation | | |
| $ |  | | $ | | |
| **Source Funds** | | | | | **Effective Date** | | | **End Date** |
|  | | |  | |  | | |  |
|  | | | | | **Dates must align with the start/end of pay periods** | | | |

|  |
| --- |
| **Justification** Summarize why this request is being made and justify the change being requested. Attach additional documentation to this form as necessary. |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Processing Steps** | | | | | |
| **Step 1: Supervisor Signature** | | |  | | Date: |
| **Step 2: If grant-funded,** email all pages to [osp-cost@uidaho.edu](mailto:osp-cost@uidaho.edu) | | | | | |
| Grant Funded? | No  Yes | Project Title | |  | |
| This form documents the University’s compliance with OMB Circular A-21 regulations regarding charging employees as instructors/consultants to sponsored projects. A-21 Sec. J 10d(1) Compensation – Base rates for faculty members: “However, in unusual cases where consultation is across departmental lines or involves a separate or remote operation, and the work performed by the consultant is in addition to his regular departmental load, any charges for such work representing extra compensation above the base salary are allowable provided that such consulting arrangements are specifically provided for in the agreement or approved in writing by the sponsoring agency”. See FSH 3260/ FSH 3480 for additional guidance. | | | | | |
| **Office of Sponsored Programs Approval**  (if grant-funded) | | |  | | Date: |
| **Step 3: Dean or Level 3 Administrator Signature**  (Level 3 unit administrators report to a Vice President or directly to the President) | | |  | | Date: |
| **Step 4: Human Resources Review**  email all pages to [hr-classcomp@uidaho.edu](mailto:hr-classcomp@uidaho.edu)  prior to Provost, VP or President Signature | | |  | | Date: |
| **Step 5a: Provost/EVP or VP Approval\***  HR to route (Provost’s Office returns to HR or forwards to President’s Office when required) | | |  | | Date: |
| **Step 5b: President Approval** (if needed) | | |  | | Date: |

After Provost’s Office approval, the form is returned to Human Resources and then routed to the unit for employee signature.

**Agreements signed by the employee prior to HR review and Senior Executive Approval will not be accepted.**

|  |  |  |
| --- | --- | --- |
| **Contingencies – if applicable:** | | |
| **Contingencies (HR to add):**  none  yes (Include all applicable contingencies from prior agreement) | | |
|  | | |
| **Terms of this Agreement:** | | |
| 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 and will remain in effect until further notice; 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. | | |
| **Step 6: Employee Acknowledgement:**  I agree to the change in my pay detailed in this document. I also agree to all the terms and conditions of this contract and to the payment method set forth. | | |
| **Employee Signature** |  | Date |
| **Step 7: Return employee signed form (all pages) to** [**hr-classcomp@uidaho.edu**](mailto:hr-classcomp@uidaho.edu) | | |
| **Step 8: HR Finalizes Documents**  and distributes fully executed copies to processing offices |  | Date |

**Step 9: Unit applies EPAF**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*\*\*\*\*OFFICIAL USE BY HUMAN RESOURCES \*\*\*\*\*** | | | | | |
| **EPAF PROCESSING INSTRUCTIONS:** | **EFFECTIVE DATE:** |  | | **TERMINATION DATE:** |  |
| **Additional Compensation EXEMPT:** Use PCN 009025.01 E4110  EPAF Category GOADCP (original)  EPAF Category GRADCP (repeat) | | | | | |
| **Job Change EPAF:**  **Change of rate of pay only:** CCHGPY  **Change of FTE only:**  Classified CLMISC  Exempt NMSCCH | | | **EPAF** **Reason:**  **Temporary Pay / FTE Change (CPATM)** | | |
| or  **Both Rate or FTE AND FLSA change:**  Classified CPOSCG  Exempt NPOSCG (use default reason CJOCH- Job Change Requirements) | | | | | |