**FACULTY-** SALARY CHANGE OR SUPPLEMENTAL COMPENSATION

**APPROVAL REQUEST FORM** (Updated: 06/2018) submit to [provost@uidaho.edu](mailto:provost@uidaho.edu)

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

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

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| **Type of Change** | | | | | |  | **Source of Funds Detail** | | | |
|  | Permanent Salary Increase (out of cycle) | | | Amount: | $ |  | 1 | $ | Budget: |  |
|  | Additional Compensation (effort greater than 1.0 FTE) | | | Amount: | $ |  | 2 | $ | Budget: |  |
|  | Course Development (additional comp/unit pay) | | | Amount: | $ |  | 3 | $ | Budget: |  |
|  | Temporary Increase (stipends and sabbatical pay) | | | Amount: | $ |  | 4 | $ | Budget: |  |
|  | Temporary Decrease (removal of stipend) | | | Amount: | $ |  | 5 | $ | Budget: |  |
|  | Temporary FTE Increase | Requested FTE: |  | Amount: | $ |  | 6 | $ | Budget: |  |
|  | Temporary FTE Decrease | Requested FTE: |  | Amount: | $ |  | 7 | $ | Budget: |  |

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| **Contingencies – if applicable** | |
|  | **For course development,** payment will be made to the author after full and satisfactory completion of the work in one lump sum. One hundred percent (100%) of the course must be developed, approved for publication and ready to either post online or teach in the classroom in order to receive payment. The university has sole discretion on whether the work is completed satisfactorily and on time. The university has no obligation to pay for partial completion of the course. |
| Other contingency (please describe): | |

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| **Description of Request Including Justification** | | | | | |
| Period of time: | Begin Date: |  |  | End Date: |  |
| Justification Guidance: Summarize why this request is being made and justify the change being requested. Attach additional documentation to this form as necessary. If additional compensation is for instructional overload, provide specifics of the faculty primary assignment and the additional course(s) obligation as evidence of overload. If this is for course development, please list the class or classes that are being developed. | | | | | |
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| **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 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. |

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**APPROVAL REQUEST FORM PAGE TWO**

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| 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) to make the changes effective.  **Work cannot commence prior to final approval and approval is not guaranteed.** | | | | | |
| 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 |
| Faculty Member |  | Date | OSP Approval *(for funding source)* |  | Date |

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| **OFFICIAL USE BY: Provost & Executive Vice President** | | | | | | | | | | | | | | | |
| **PROCESSING INSTRUCTIONS FOR APPROVALS:** | | **EFFECTIVE DATE:** | | | |  | | | | **TERMINATION DATE:** | | |  | | |
|  | Additional Compensation: Use PCN 009025.01; Use E-code E4110 | | | |  | | EPAF Category: GOADCP (original) | | | | |  | OR GRADCP (repeat) | | |
|  | Process as Faculty Change of Pay (FCHPAY) on primary appt.:  Temp. change (CPATM) or sabbatical supplemental pay (CSATM) | | | | | | | | | | Expense Code: |  | E4105 |  | E4107 |
|  | Process as Faculty Change of Pay (FCHPAY), primary appt.: permanent change (CPACH) | | | | | | | | | | Expense Code: |  | E4105 |  | E4107 |
|  | Process as Faculty Change of FTE (FMSCCH), primary appt.: temporary change (CPATM) | | | | | | | | | | Expense Code: |  | E4105 |  | E4107 |
|  | Unit Pay on PCN XX9715 | | | |  | | EPAF Category: IHUPOA (original) | | | | |  | OR IHUPAP (repeat) | | |
|  | Process as Faculty change of pay (GODPCH (original) / GRDPCH (repeat) on PCN 009027.01 **deferred pay only** | |  | Temporary (CPATM)/or sabb. sup. Pay (CSATM) | | | |  | Permanent (CPACH) | | Expense Code: |  | E4105 |  | E4107 |
| **Provost Office Notes:** | | | | | | | | | | | | | | | |
| **Provost and Executive Vice President Approval Date** | | | | | | | | | | | | | | | |
| **President Approval (if applicable) Date** | | | | | | | | | | | | | | | |

**PROCESSING STEPS:** If approved the Office of the Provost and Executive Vice President will route the entire approved document to [budget@uidaho.edu](mailto:budget@uidaho.edu), [hr-classcomp@uidaho.edu](mailto:hr-classcomp@uidaho.edu), and [hrepaf@uidaho.edu](mailto:hrepaf@uidaho.edu) and the representative from the college for processing. Work can only commence after the form has been fully approved.