

# Fiscal Year 2026 STAFF INSTRUCTIONAL COMPENSATION FORM

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

(Updated 05.16.2025)



Name		PCN and Suffix	
V Number		<input type="checkbox"/> Exempt Staff <input type="checkbox"/> Classified Staff	
Primary Department		Hiring Department (if different)	
Primary Job Title		Contact	

## Attach CV

Course(s)			
Begin/end date of class		Number of Credits	

## Justification

Summarize why this request is being made. Attach additional documentation to this form as necessary.

\*\* Please note that the Department Chair can decide to not run a course due to low enrollment. A decision to or to not cancel a class will occur prior to the first day of class.\*\*

### For Exempt Staff:

Payment is processed as an additional per-paycheck payment.

### For Classified Staff:

This is a second classified hourly appointment on a designated PCN, and the employee must enter hours and be paid for all hours worked which may result in overtime.

Payment per Pay Period		Hourly Rate	
Number of Pay Periods		Estimated Total Hours	
Total Payment		Estimated Compensation	

### Source Funds

### Effective Date

### End Date

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Dates must align with the start/end of the instructional period

## Processing Steps

### Step 1: Hiring 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 INDEX, GRANT CODE, AND TITLE

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COMPLIANCE WITH 2CFR 200.430(h)(4) - Extra Service Pay normally represents overload compensation, subject to institutional compensation policies for services above and beyond IBS and 2CFR 200.430(h)(8) - Non-faculty full-time professional personnel may also earn "extra service pay" in accordance with the non-Federal entity's written policy and consistent with paragraph (h)(1)(i) of this section. Such activities must either be specifically provided for in the Federal award budget or receive prior written approval by the Federal awarding agency. Applicable UI Policy is in APM 45.06 and 45.09 on IBS.

### Office of Sponsored Programs Approval (if grant-funded)

Date:

### Step 3: Dean's Signature

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:

<b>Step 5: Provost's Approval*</b> HR routes (Provost's Office returns to HR)		Date:
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After Provost's Office approval, the form is returned to Human Resources and then routed to the unit for employee signature

\*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.

**Agreements signed by the employee prior to HR review and Provost's approval will not be accepted.**

<b>Contingencies – if applicable:</b>		
<b>Contingencies (HR to add):</b>	<input type="checkbox"/> none	<input type="checkbox"/> yes (Include all applicable contingencies from prior agreement)

**Note to Classified Staff:** If you have previously elected compensatory time in lieu of overtime pay, this appointment will reverse that selection and any overtime earned the remainder of this calendar year will be paid as overtime as it is earned.

### 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.

<b>Employee Signature</b>		Date
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**Step 7: Return employee signed form (all pages) to [hr-classcomp@uidaho.edu](mailto:hr-classcomp@uidaho.edu)**

<b>Step 8: HR Finalizes Documents</b> and distributes fully executed copies to processing offices		Date
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### Step 9: Unit applies EPAF

*****OFFICIAL USE BY HUMAN RESOURCES*****			
<b>EPAF PROCESSING INSTRUCTIONS:</b>	<b>EFFECTIVE DATE:</b>	<b>TERMINATION DATE:</b>	
<input type="checkbox"/> <b>EXEMPT:</b> Use PCN 009024.01 E4110 <input type="checkbox"/> EPAF Category GOATCE (original) <input type="checkbox"/> EPAF Category GRATCE (repeat)			
<input type="checkbox"/> <b>Classified:</b> Use PCN 009023.01 E4110 <input type="checkbox"/> EPAF Category GOATCC (original) <input type="checkbox"/> EPAF Category GRATCC (repeat)			