

Fiscal Year 2026 STAFF PERMANENT PAY CHANGE 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	
Department			
Job Title		Current Permanent Hourly Rate	
		Current Permanent Annual Salary	
Dept. Contact		Current Permanent FTE	

<input type="checkbox"/> Permanent FTE Change to: <input type="checkbox"/> To meet unit business needs (describe below) <input type="checkbox"/> At employee's request (attach Voluntary FTE Reduction form)	<input type="checkbox"/> Rate of Pay Increase <input type="checkbox"/> Classified permanent hourly increase to \$ /hour OR <input type="checkbox"/> Exempt permanent salary increase to \$ /pay <div style="margin-top: 10px;">Annualized amount of increase \$</div> <div style="margin-top: 5px;">Annualized Salary AFTER pay change \$</div>
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Source Funds	Effective Date
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Date must align with the first day of a pay period

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 1a: Supervisor Signature		Date:
Step 1b: Department Chair/ Unit Manager Signature		Date:

Step 2: If grant-funded, email all pages to osp-cost@uidaho.edu

Grant Funded? ☐ No ☐ Yes

PROJECT INDEX, GRANT CODE, AND TITLE

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 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 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) President's area employee or above 125% of calculated Target		Date:
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After Provost/EVP or Vice President 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 Executive approval will not be accepted.

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

<p>Terms of this Agreement:</p> <p>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.</p> <p>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.</p> <p>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.</p>
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<p>Step 6: Employee Acknowledgement:</p> <p>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.</p>
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Employee Signature		Date
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Step 7: Return employee signed form (all pages) to hr-classcomp@uidaho.edu

Step 8: HR Finalizes Documents and distributes fully executed copies to processing offices		Date
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Step 9: Unit applies EPAF

*****OFFICIAL USE BY HUMAN RESOURCES*****		
EPAF PROCESSING INSTRUCTIONS:	EFFECTIVE DATE:	
<p>Job Change EPAF:</p> <p><input type="checkbox"/> Change of rate of pay only: <input type="checkbox"/> Classified CCHGPY <input type="checkbox"/> Exempt NCHPAY <input type="checkbox"/> Postdoc PCHPAY</p> <p><input type="checkbox"/> Change of FTE only: <input type="checkbox"/> Classified CLMISC <input type="checkbox"/> Exempt NMSCCH <input type="checkbox"/> Postdoc PMSCCH</p>		
<p>EPAF Reason:</p> <p><input type="checkbox"/> Permanent rate of Pay or FTE increase (CPACH)</p> <p><input type="checkbox"/> Permanent rate of Pay or FTE decrease (CPADC)</p>		
<p>or</p> <p><input type="checkbox"/> Both Rate or FTE <u>AND</u> FLA change: <input type="checkbox"/> Classified CPOSCG <input type="checkbox"/> Exempt NPOSCG <input type="checkbox"/> Postdoc PMSCCH (reason CJOCH)</p>		