

Fiscal Year 2026 STAFF TEMPORARY 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	Current Permanent Hourly Rate
Job Title	Current Permanent Annual Salary
Dept. Contact	Current Permanent FTE

Temporary FTE Change to:

- To meet unit business needs (describe below)
- At employee's request (attach Voluntary FTE Reduction form)

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)

<input type="checkbox"/> Classified temporary hourly increase to Institutional Base Salary.....	\$ per hour	
Or		
<input type="checkbox"/> Exempt additional compensation per pay		
Per Pay amount	X # of Pay Periods	Total Additional Compensation
\$		\$

Source Funds

Effective Date

End Date

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The department reserves the right to discontinue this temporary pay change prior to the end date stated on the form if there is no longer a business need for the FTE change and/or temporary additional responsibilities

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:
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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 Temporary Target		Date:

*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.

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
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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:	TERMINATION DATE:	
<input type="checkbox"/> Additional Compensation EXEMPT: Use PCN 009025.01 E4110 <input type="checkbox"/> EPAF Category GOADCE (original) <input type="checkbox"/> EPAF Category GRADCE (repeat)			
Job Change EPAF: <input type="checkbox"/> Change of rate of pay only: CCHGPY <input type="checkbox"/> Change of FTE only: <input type="checkbox"/> Classified CLMISC <input type="checkbox"/> Exempt NMSCCH	EPAF Reason: Temporary Pay / FTE Change (CPATM)		
or <input type="checkbox"/> Both Rate or FTE AND FLSA change: <input type="checkbox"/> Classified CPOSCG <input type="checkbox"/> Exempt NPOSCG (use default reason CJOCH- Job Change Requirements)			