



# COMPENSATION ADJUSTMENT FORM



**Purpose of the Form:** Use this form to request a compensation adjustment for a Faculty, Academic Staff, Limited appointee, or University Staff position. Prior to completing this form, please consult with your HR Representative. When submitting this form, a PAF is required for Faculty, Academic Staff, or Limited appointees. A PAF is not required for University Staff.

## EMPLOYEE INFORMATION

NAME:	
EMPLOYEE ID (HRS #):	
DEPARTMENT:	
CURRENT UWS TITLE:	
EMPLOYEE CATEGORY:	<input type="checkbox"/> Faculty <input type="checkbox"/> Academic Staff <input type="checkbox"/> Limited Appointee <input type="checkbox"/> University Staff
CURRENT COMPENSATION RATE:	
FUND (if changing/different):	

## COMPENSATION ADJUSTMENT INFORMATION

IS THE REQUEST DUE TO A PERMANENT CHANGE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPENSATION AMOUNT REQUEST:	Proposed Compensation Rate:	
	If Temporary Change, Total Requested Amount*:	
	Change Percentage (round to 2 decimal places):	
REASON FOR REQUEST: (choose one of the 5 options)	<input type="checkbox"/> Career Progression/Title Change (previous and updated position descriptions required) Requested new UWS Title: _____	<input type="checkbox"/> Retention (written offer required if counteroffer)
	Requested Title Employee Category, if different than current category: <input type="checkbox"/> Faculty <input type="checkbox"/> Academic Staff <input type="checkbox"/> Limited Appointee <input type="checkbox"/> University Staff	<input type="checkbox"/> Equity/market (compensation analysis required)
	<input type="checkbox"/> Change in Duties within Current Title* (previous and updated position descriptions required) If a temporary change, start & end date: _____	<input type="checkbox"/> Performance/Merit* (most recent performance evaluation, minimally)
	<input type="checkbox"/> Does the change in duties expect work beyond a 1.0 FTE (a.k.a. overload for exempt employees*)? If for a Change in Duties <u>or</u> Title Change: Does change add Position of Trust Duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*HR will determine if the change will be paid as a temporary base adjustment or lump sum.

## JUSTIFICATION

APPROVED, Department Chair/Associate Dean/Unit Supervisor DATE

APPROVED, Dean/Director DATE

REVIEWED, Vice Chancellor/Assistant Chancellor DATE

Please note, HR approval for all requests includes ensuring the individual is up to date for completion on assigned compliance trainings, which include, but are not limited to the sexual harassment prevention and IT security trainings.

HUMAN RESOURCES REVIEW	
HR REVIEWER(S):	
DATE ALL NEEDED MATERIALS SUBMITTED:	
EQUITY STUDY ANALYSIS:	
COMPLIANCE:	<input type="checkbox"/> UP TO DATE ON ALL COMPLIANCE TRAININGS <input type="checkbox"/> MOST CURRENT REQUIRED OAR(S) SUBMITTED (FAASLI Employees)
ADDITIONAL NOTES:	
EFFECTIVE DATE**:	

\*\* (First day of pay period following receipt of all materials in HR or if lump sum, first pay period which amount can be paid based on HRD approval)

GROUP VICE CHANCELLOR APPROVAL	
VICE CHANCELLOR APPROVALS/INITIALS & DATE(S):	

FOR HUMAN RESOURCES	
NEW COMPENSATION RATE OR LUMP SUM AMOUNT:	
CONFIRMED EFFECTIVE DATE:	
UWSP HR APPROVAL SIGNATURE & DATE:	
CHANCELLOR APPROVAL: INCREASE of 10%+	
CHANCELLOR APPROVAL: SIGNATURE & DATE:	