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| ***Text, logo  Description automatically generated*** | **Compensation Adjustment****Request Form** | [**Form ID #**](https://eforms.uwsp.edu/workspace.aspx)**:**  |
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| **Purpose of the Form:** Use this form to request a temporary or permanent compensation adjustment for a Faculty, Academic Staff, Limited appointee, University Staff, or Graduate Assistant position. Prior to completing this form, please consult with your HR Business Partner. For exempt employees working more than 1.0 FTE, use the [Overload Request Form](https://www3.uwsp.edu/acadaff/_layouts/15/WopiFrame.aspx?sourcedoc=/acadaff/PersonnelBudget_Forms/Overload-Approval-Request-UWSPwithBranch.docx&action=default). |

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| **Employee Information** |
| Name: |  |
| Employee ID (HRS #): |  |
| Department: |  |
| Current UWS Title: |  |
| Employee Category: | [ ] Faculty [ ] Academic Staff [ ] Limited Appointee [ ] University Staff [ ] Graduate Assistant |
| Current Compensation Rate: |  |

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| **Funding Information** |
| Fund Code (xxx) | Program Code (x) | DeptID (Account) (xxxxxx) | Project ID (xxxxxxx) | **% (column must total 100%)** |
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| **Compensation Adjustment Information** |
| Compensation amount request: | Proposed Compensation Rate: |  |
| If Temporary Change, Total Requested Amount\*: |  |
| Change Percentage (round to 2 decimal places): | 0.00% |
| Reason for request:(choose one of the bold options) | **[ ] Change in Duties** (previous and updated position descriptions required)Choose one: **[ ]** Permanent; future effective date, if desired\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[ ]** Temporary; start & end dates\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] I want HR to review for possible TTC title change*Note: there may be an employee category change associated with the title change.*Requested new Business Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the change in duties expect work beyond a 1.0 FTE \*? [ ] Yes [ ] NoDoes change add Position of Trust duties? [ ] Yes [ ] No*For additional information, view the* [*CBC policy*](https://www.wisconsin.edu/regents/policies/university-of-wisconsin-system-criminal-background-check-policy/)*.* |
| **[ ] Retention** (written offer required) |
| **[ ] Market** (compensation analysis required) |
| **[ ] Equity** (Employee or Affirmative Action Officer originated ONLY) (compensation analysis required) |

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

\*\* Effective date is the latter of either first day of pay period following receipt of all materials in HR or the future effective date listed above.

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| **Justification** |
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| **DocuSign routing instructions** |

1 – Department Chair/Associate Dean/Unit Supervisor – “Needs to sign” and date

2 – Dean/Director – “Needs to sign” and date (make sure to follow College or Division approval processes)

3 – Account Budget Manager (WISER) (if different than either prior signature) – “Needs to sign” and date

4 – Grant Accounting (if 113/133/144 account) – “Needs to sign” and date

**FOR ACADEMIC AFFAIRS**

5 – acadaffpforms@uwsp.edu – “Receives a copy”

AA will review and secure VC and CBO signatures and route to HR

**FOR ALL OTHER DIVISIONS**

5 – Vice Chancellor/Division Leader or designee – “Needs to sign” and date

6 – Chief Business Officer – “Needs to sign” and date

7 – hr@uwsp.edu – “Receives a copy”

HR will review and secure the remaining signatures

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| **Approvals** |
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| **Approved, Department Chair/Associate Dean/Unit Supervisor Date** |
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| **Approved, Dean/Director Date** |
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| **Approved,** **Account Budget Manager (WISER) (if different than either prior signature) Date** |
|  |
| **Approved, Grant Accounting (if 113/133/144 account) Date** |
|  |
| **Approved, Vice Chancellor/Division Leader or designee Date** |
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| **Approved, Chief Business Officer 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.

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| **STOP - Human Resources will review and secure the remaining signatures** |
| HR reviewer(s): |  |
| Date all req. materials rec’d: |  |
| Equity study analysis: |  |
| Compliance: | [ ] Up to date on all compliance trainings[ ] Most current required OAR(s) submitted (FASLI employees) |
| Additional notes |  |
| Adj. business title to 30 char. |  |
| 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 or the future effective date listed above

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| **For Human Resources** |
| New compensation rate or lump sum amount: |  |
| Confirmed effective date: |  |
| UWSP HR approval signature and date: |  |
| Chancellor approval: increase of 10%+ |
| Chancellor approval signature and date: |  |