

TEAMS and USPS Special Pay Increase Request

All special pay increases for increased responsibilities require that a revised position description be initiated as an update in PeopleSoft's Position Management feature, unless justification is increased volume, unadvertised reassignment within department, assuming a temporary role, market equity, or counter-offer.

SALARY AGREEMENT FORM FOR INCREASED RESPONSIBILITY/WORK VOLUME

UFID _____

Last Name _____ First Name _____ M.I. _____

Position Title _____ Job Code _____

Effective Date _____

Current Salary _____ Proposed Salary _____ Increase Amount _____ % Increase _____

College _____ Department _____

Contact Person _____ Telephone _____

The employee's signature verifies agreement to the following statement and is required prior to the implementation of a special pay increase for increased responsibilities: I understand and agree that the increased responsibilities or volume may be removed at any time by the university at its sole discretion. I further understand and agree that if the university removes the responsibilities or increased volume within the same unit that added these responsibilities, then my base salary will be **decreased** by the amount listed above as "Increase Amount" without further notice. I voluntarily agree to this salary reduction and understand that it is not a disciplinary action and it is not grievable or arbitrable under UF Rules 6C1-3.045 and 6C1-3.051.

Employee Signature

Date

SPI JUSTIFICATION

(Specifically describe the increased responsibilities or volume warranting this pay increase. Initiate an updated position description using PeopleSoft's Position Management feature to document the increased responsibilities. If the pay increase is for assuming a temporary role, list the responsibilities being assumed and the position number of the position being covered.)

APPROVAL

(The undersigned certify the accuracy of all information herein to the best of their knowledge and approve this action.)

Supervisor (Typed name and date, signature)

Chair/Director (Typed name and date, signature)

Dean (Typed name and date, signature)

Vice President (Typed name and date, signature)

Upon completing this form, the vice president or his or her designee must fax this form to Employment and Classification and retain the original for documentation of future pay reduction, if warranted.