UF UNIVERSITY of FLORIDA

TEAMS and USPS Special Pay Increase Request Form

SALARY AGREEMENT FORM FOR INCREASED RESPONSIBILITY/WORK VOLUME

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, assuming a temporary role, market equity, or counter-offer.

UFID _____

Last Name _____ First Name _____ Middle Initial ____

Position Title _____ Position Number _____

College _____ Department _____

Contact Person _____ Telephone _____

Current Salary $_____	Proposed Salary $_____	Proposed Increase Amount $_____	Proposed Percent Increase _____%

SPI JUSTIFICATION

Instructions: 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. For Additional Duties please specify who was previously performing the duties unless the duties are new to the department. For Counter Offers please specify if the offer is anticipated or confirmed, who the offer came from, and the offer amount. For Market Equity please specify what market data was used for comparison. For a Temporary Increase please include the estimated dates of the increase, responsibilities being assumed, and the position number of the position being covered. For an SPI Removal please include the reason for removal.

☐ Additional Duties
☐ Counter-offer
☐ Market Equity
☐ Temporary Increase
☐ SPI Removal

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 requested increase is subject to HR approval and may be different from the proposed increase amount.** 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 can 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 Regulations 6C1-3.045 and 6C1-3.051. Thank you for your contributions to the University of Florida.

_____

Employee Signature **Date**

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, please fax to Classification and Compensation and retain the original for documentation of future pay reduction, if warranted. NOTE: The effective date for SPIs shall be the date the Vice President for Human Resource Services approves the special pay action.

For HR Use Only: Vice President For Human Resource Services Signature:_____ Date:_____