

**FACULTY TEMPORARY CHANGE OR SUPPLEMENTAL COMPENSATION FORM**

submit to Provost Office OneDrive

**Hiring Department Information (should be form initiator):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hiring Department: |  | Unit/College: | |  |
| Hiring Contact Person: |  | Email: |  | |
| Hiring Unit Fiscal Officer: |  | Email: |  | |

**Appointee Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Appointee: | | | | |  | | | | | | | | | | | V Number: | | | |  | | | | | | |
| Faculty Type: | |  | | | | | | | | | | Active Administrative Appointment: | | | | | | | Yes | | |  |  | No |  | |
| Home Department: | | | | | |  | | | | | | Home Unit/College: | | |  | | | | | | | | | | | |
| Current  FTE: |  | | | Current Base  Salary: | | |  | | Current Stipend  (if applicable): | | | |  | % |  | | | Total Salary: | | |  | | | | | |
| Contract Type: | | | Academic Year – Standard Pay | | | | |  | |  | Academic Year – Deferred Pay | | | | | |  |  | | | Fiscal Year | | | | |  |

**Temporary Pay Change Request Details:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Additional Compensation: | Amount: |  | Begin Date: |  | End Date: |  |
|  | Temporary Salary Increase: | Amount: |  | Begin Date: |  | End Date: |  |
|  | Temporary Salary Decrease: | Amount: |  | Begin Date: |  | End Date: |  |
|  | Temporary FTE Increase: | Requested FTE: |  | Begin Date: |  | End Date: |  |
|  | Temporary FTE Decrease: | Requested FTE: |  | Begin Date: |  | End Date: |  |
|  | Unit Pay for Course Development: | Amount: |  | Begin Date: |  | End Date: |  |
|  | Ad. Comp. for dual credit | Amount: |  | Begin Date: |  | End Date: |  |
|  | Unit Pay for Low FTE Instruction: | Amount: |  | Begin Date: |  | End Date: |  |
|  | Sabbatical Supplemental Pay | Amount: |  | Begin Date: |  | End Date: |  |
|  | Other: | Amount: |  | Begin Date: |  | End Date: |  |

**Funding Source(s):**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Grants/Sponsored Project |  | Gen Ed |  | Student Fees |  | Other |

**Appointment Contingencies if applicable:**

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|  | **For course development,** payment will be made to the author after full and satisfactory completion of the work in one lump sum. One hundred percent (100%) of the course must be developed, approved for publication and ready to either post online or teach in the classroom in order to receive payment. The university has sole discretion on whether the work is completed satisfactorily and on time. The university has no obligation to pay for partial completion of the course. |
| **Appointee**  **Initials** |
|  | **For dual credit**, faculty serving as the liaison for nine (9) or less teachers, payment will be made to the liaison after full and satisfactory completion of the work in one lump sum. The following responsibilities and expectations must be one hundred percent (100%) completed by the faculty liaison in order to receive payment. The university has sole discretion on whether the work is completed satisfactorily and on time. The university has no obligation to pay for partial completion of the work. The time of instruction is 18 weeks. Yearlong courses begin in September and end in June for a total of 39 weeks.  **1**. Review high school teaching partner applications, **2.** Create study plans with high school teaching partners, as necessary, **3.** Facilitate new teaching partner discipline-specific training for approved teaching partners prior to the start of the course, **4**. Provide teaching partners with U of I discipline-specific course syllabus, rubrics, sample exams, and other course materials prior to the start of the course, **5.** Review teaching partner Dual Credit Program-provided syllabus template with high school teaching partners, **6.** Provide guidance concerning the grading policies of the department, **7.** Provide one U of I sample rubric or one ungraded assessment template (exam or essay) and equivalent high school sample rubric or one ungraded assessment template (exam or essay) per course per year to the Dual Credit Office prior to the June 30 deadline, **8.** Schedule a classroom visit with teaching partner(s) during the first semester of the course offering. Following the initial visit, a classroom visit must be completed once every other academic year, **9.** Introduce teaching partners to U of I’s culture including mission, vision, and values and facilitate development by networking, sharing resources, and providing positive and constructive feedback on professional development issues, **10.** Facilitate and/or ensure recommended eight hours professional development per academic year for teaching partners which can be completed in one session or multiple sessions (July through June), **11.** Attend faculty liaison orientation and Dual Credit Program-led professional development, **12.** Faculty liaisons will extend adherence to guidelines outlined in Faculty Staff Handbook (FSH) where it concerns their responsibilities and obligations in collaboration with the Dual Credit Program. |
| **Appointee**  **Initials** |
|  | **Other contingency (please describe):** |
| **Appointee**  **Initials** |

**Description of Request and Justification for Change:**

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| Summarize the need for this temporary request and document the rationale for the change type selected above. Attach additional documentation to this form as necessary. If additional compensation is for instructional overload, provide specifics of the faculty primary assignment and the additional course(s) obligation as evidence of overload. If this is for course development, please list the class or classes that are being developed. If “other” sources of funds was selected above, please describe here. **If using grant funds, please identify the project title, explain the scope of work and list the funding source.** |
|  |

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.

**Subject to approval, signatories of this document agree to the following terms:**

This change form is subject to approval by the Provost and Executive Vice President or designee. **Work cannot commence prior to final approval and approval is not guaranteed.** If this form is approved after the Tuesday EPAF deadline has passed, EPAF must be submitted during the next EPAF cycle.

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| --- | --- | --- | --- | --- |
| Hiring Dept Supervisor | Date |  | Primary Department Supervisor *(if different than hiring)* | Date |
| Hiring College/Unit Dean | Date |  | Primary College/Unit Dean *(if different than hiring)* | Date |
| Primary Principal Investigator *(if on sponsored project funding)* | Date |  | Grant funds only: OSP Approval *(if on sponsored project funding)* | Date |
| Appointee/Faculty Member | Date |  | Provost/EVP or Designee | Date |

**PROCESSING STEPS:** The Office of the Provost and Executive Vice President will route the approved form to [budget@uidaho.edu](mailto:budget@uidaho.edu), [hrepaf@uidaho.edu](mailto:hrepaf@uidaho.edu), appointee, hiring contact, and college/unit fiscal officer.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Provost Office EPAF Instructions: | | | PCN/Suffix/Job Change Code | Original | | Repeat | |
|  | Additional Compensation | | 9025.01 |  | GOADCP |  | GRADCP |
|  | Mid-Year Faculty Change | | 9027.01 |  | GODPCH |  | GRDPCH |
|  | Sabbatical Supplemental Pay | | 9027.01 / CSATM |  | GODPCH |  | GRADCP |
|  | Unit Pay – Course Development | | XX9715 |  | IHUPOA |  | IHUPAP |
|  | Unit Pay – Instructional | | XX9718 (T5) |  | IHUPOA |  | IHUPAP |
|  | 4105 Ecode |  | 4107 Ecode |  | 4110 Ecode |  | 4103 Ecode |
|  | Other notes and instructions: | | | | | | |