

COMPENSATION REQUEST FORM – VICE PRESIDENT’S DIRECT REPORTS
(or any individual reporting directly to the President requesting a compensation change for a direct report)

Use this form to obtain NEW HIRE, COMPENSATION or ONE-TIME PAYMENT approval for personnel reporting directly or through Supervisory Organization inheritance to a Provost or Vice President
Attach Completed Form to the Appropriate Workday Business Process

EMPLOYEE NAME: _____ Z# (If New Hire: N/A): _____ POSITION #: _____

CLASS TITLE: _____ CLASS CODE: _____ PAY GRADE: _____

CURRENT SALARY (If New Hire: N/A): \$ _____ PROPOSED SALARY: \$ _____ PERCENT INCREASE IN SALARY (If New Hire: N/A): _____ %

TIME IN CURRENT POSITION: _____ EFFECTIVE DATE: _____ SUPERVISORY ORG NAME and MANAGER: _____

FORM PREPARED BY: _____ PHONE: _____ EMAIL: _____

A DETAILED SUMMARY OF CIRCUMSTANCES AND JUSTIFICATION FOR COMPENSATION OR ONE-TIME PAYMENTS IN ALL CATEGORIES BELOW ARE REQUIRED.

REQUEST COMPENSATION CHANGE/PROPOSE COMPENSATION CHANGE - APPROVAL CATEGORIES (Check One)

<input type="checkbox"/> Superior Performance	<input type="checkbox"/> Retention	<input type="checkbox"/> Counter Offer	<input type="checkbox"/> Career Development	<input type="checkbox"/> **Salary Compression/Equity	<input type="checkbox"/> Hire
<input type="checkbox"/> Additional Duties (Requires PD Update)	<input type="checkbox"/> Reclassification (Same Position Number)	<input type="checkbox"/> Promotion or Crossover to AMP/SP (New Position Number)	<input type="checkbox"/> Recruitment Job Change	<input type="checkbox"/> Reassignment/Lateral	<input type="checkbox"/> Allowance/Other

REQUEST ONE-TIME PAYMENT – APPROVAL CATEGORIES (Check One)

The one-time payment shall be considered as nonrecurring compensation and shall not be included in the compensation upon which State retirement benefits are calculated.

<input type="checkbox"/> Performance Payment	<input type="checkbox"/> Bonus (Per Contract)	<input type="checkbox"/> Relocation Payment	<input type="checkbox"/> Research Participant
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Amount \$ _____

The One-Time Payment Amount is: (please check one)

before Federal withholding and FICA taxes are deducted

after Federal withholding and FICA taxes are deducted; total dollars needed (Gross Up): \$ _____

(contact the Payroll Manager to determine amount needed after taxes)

VICE PRESIDENT: _____	Signature	Date: _____
UNIVERSITY PRESIDENT: _____	Signature	Date: _____

** A compensation study completed by FAU Classification and Compensation must be attached
 Updated 11/18/2019