

UCI Administrative &
Business Services
Staff Compensation Request Form

Request Type:

Employee Name:

Department Name:

Current Salary:

Proposed salary or % of increase:

Current Payroll Code:

Current Payroll Title:

If Re-class

Proposed payroll Code:

Proposed payroll title:

If Stipend, Out-of-Class or Addendum

Is this request new or an extension?

New

Extension

Provide duration:

To

-
- 1.) **For Stipends/Out-of-Class:** Provide a short description of the additional duties and the reason they were assigned (e.g. leave of absences, retirement).

 - 2.) **For Equity Adjustment:** Provide a short summary of the inequity in the department.

 - 3.) **For Re-class:** Provide a short summary including the reason, added duties, and how long the staff member has been doing the work.

 - 4.) **For Addendum to Contract:** Provide the reason for the addendum.

Authorization

Department Head

Date

Please submit this form with appropriate signatures and a copy of the job description to A&BS HR.
We may request a soft copy of the Job Description for classification purposes.