

UW-Green Bay Academic Staff and Limited Employees Request For Rate and/Or Title Change

Employees Name: _____ Date: _____
Division/Department: _____ Immediate Supervisor: _____
Current Title: _____ Current Salary (@ 100%): \$ _____

Select the appropriate category. Attach Organizational Chart(s). Position Description and Other Documents as Required. See the Compensation Process Guidelines for standards and requirements.

- Career Progression** – The movement of a position within a professional or instructional academic staff title series from the Associate to the no-prefix level or the no-prefix level to Senior. Attach a written statement convincingly documenting achievement of each of the required standards as outlined in the compensation process guidelines.
 - ASSOCIATE – NO PREFIX
 - NO PREFIX – SENIOR
 See the Academic Staff Handbook (Ch. 4) for procedures to request movement to Distinguished Level.
- Title Change** – The assignment of a position to a higher pay range based upon a more responsible level of work. Generally, this is an upward movement within or to the Administrative Director or Program Manager title series. Attach a completed *UW-Position Questionnaire* and a written statement convincingly addressing each of the required documentation.
- Market Adjustment** – Salary adjustments to recognize salary inequities caused by external market factors that may result in retention problems. Attach a written statement convincingly addressing each of the required documentation.
- Equity Adjustment** – Salary adjustments to recognize salary inequities caused by internal factors. Comparisons with other UW-System incumbents with a comparable level of service, responsibility, or title assignment; or in recognition of a change in the scope of responsibility where a title change is not an appropriate remedy. Attach a written statement convincingly documenting the reason(s) for the request.
- Error** – The assignment of a position to a different title series to correct an error. Attach a written statement convincingly documenting the reason(s) for the request.

If request is initiated by the employee, please sign below, otherwise leave blank.

Employee Signature: _____ **Date:** _____

Administration shall recommend title and/or rate adjustments and approve by signing below. If request is denied, attach a statement detailing rationale. Forward to next in chain of command.

PROPOSED BASE ADJUSTMENT (@100%): \$ _____ or _____% INCREASE
(does not include merit increases as provided in the compensation plan)

PROPOSED TITLE: _____ PROPOSED BASE SALARY (@100%): _____

PROPOSED SOURCE OF FUNDS: _____

SUPERVISOR/UNIT CHAIR: _____ DATE: _____

DEAN/DIRECTOR: _____ DATE: _____

AREA LEADER: _____ DATE: _____

Human Resources Review and Final Action:

APPROVAL: YES NO

NEW TITLE: _____ NEW SALARY: _____

ACTUAL BASE ADJUSTMENT: \$ _____ or _____% INCREASE (does not include merit increases as provided in the compensation plan)

HR SIGNATURE: _____ DATE: _____