

**University Human Resources
Pay Action Request Form
For Classified Staff and University Staff**

I. School/Department Information

| | | |
|---|-----------|--------------------------|
| Organization Name: _____ | | Organization Code: _____ |
| Contact Person: _____ | | Email: _____ |
| Phone: _____ | | Fax: _____ |
| | | |
| Department/Program Head's Name | Signature | Date |
| <i>NOTE: Approval Signatures must be documented in Section V.</i> | | |

II. Employee Data (as listed in Oracle)

| | | |
|------------------------|---------------------|--|
| Employee Name: _____ | | Employee #: _____ |
| Job Title: _____ | Work Title: _____ | |
| Position #: _____ | Assignment #: _____ | Salaried <input type="checkbox"/> Hourly <input type="checkbox"/> FTE% _____ |
| Supervisor Name: _____ | VP Name: _____ | |

III. Reason for the Request

NOTE: Please select only ONE Pay Action Request per form.

Type of Pay Action Adjustment (University Staff) or In-Band Adjustment (Classified Staff Only): (Select only one)
NOTE: Pay Action Adjustments or In Band Adjustments (IBAs) cannot be used to provide internal counteroffers.

Application of New Knowledge, Skills, Abilities, and/or Competencies from Education and/or Training
 Change of Duties and Responsibilities
 Internal Salary Alignment
 Retention

Select Method of Payment:
 Base Salary Adjustment **OR** One-time Payment (Non-base Salary Adjustment)

Other Pay Action Request:
 Temporary Pay (TP) – (listed as Acting Pay” in Oracle) (Select only one type of requested temp pay)
 TP-Acting Status TP-Additional Duties TP-Special Assignment ~~OR~~ **PDE**
 Competitive Salary Offer (NOTE: Cannot be used to provide internal counteroffers.)

Current Salary: \$ _____ Requested Salary: \$ _____ Effective Date: _____

Amount of Requested Increase: \$ _____ Percent of Requested Increase: _____ Expiration Date*: _____
(*Applies to Temporary Pay Only)

Will this pay action, if approved, create adverse impact to other employees in the School or Dept? No Yes*
(*If “Yes”, provide full explanation in attachment)

University Human Resources (UHR Use Only)

| | |
|--|---|
| Effective Date: _____ | Expiration Date: _____ |
| Check Approved Temp Pay only: <input type="checkbox"/> TP-Acting Status <input type="checkbox"/> TP-Additional Duties <input type="checkbox"/> TP-Special Assignment | |
| Salary Info: Current: _____ | New: _____ Amount of Increase: _____ % of Increase: _____ |
| Notes: _____ | |

UHR Reviewed by: _____ Date: _____ Keyed by HRCS: _____ Date: _____

*Special Authorization (Provide UHR Name/Title): _____ rev 10/14/2015

IV. Required Pay Factor Documentation

A. Performance-- The requesting manager confirms that the employee's performance is at least "Effective" level (consistently achieves goals) in **all** job elements/core responsibilities. YES

B. Organizational Business Need (Describe how the primary responsibility of the position contributes to *overall success of the organization.*)

C. Budget Acknowledgement (The requesting manager confirms funding is available to support this pay action request for its duration if approved.)

Funding Is Available for this Pay Action Request YES

D. Justification Detail/Required attachments for each pay action request:

1. **FOR ALL REQUESTS:** Provide your business justification for this request as a one page or less attachment.
2. **Pay Action Adjustment (University Staff) OR In-Band Adjustment (Classified Staff Only):** A current position description should be provided for all types except Internal Salary Alignment and Retention.
3. **Temporary Pay:** Temporary pay requests should include a copy of the employee's current position description as loaded in Jobs@.
4. **Competitive Salary Offer:** Proposals for a competitive salary offer must include a copy of the external offer letter.

V. Authorizing Signatures

| <i>Authorizing Officials: Please indicate your decision regarding this pay action request by providing your signature below:</i> | Approved Salary (if modified from proposed) |
|---|--|
| Compensation Management Advisory Committee Recommendation (If applicable. Usually refers to Pay Action Adjustments or IBAs) _____ Print or Type Name of Recommending Official _____ Signature | \$ _____ |
| Dean/Department Head Reporting to Vice President <i>** (Required for all pay actions requested)</i> _____ Print or Type Name _____ Authorizing Signature | \$ _____ |
| Vice President <i>(Required for All Base Salary Adjustments and Non-Base Salary Adjustments (one-time payments); may include other pay actions.)</i> _____ Print or Type Name _____ Authorizing Signature | \$ _____ |

DEADLINE FOR SUBMISSION: No later than the begin date of the applicable pay period.

See payroll calendar: <http://www.hr.virginia.edu/go/payroll-calendar/bw>

Note: The completed Pay Action Request Form (PARF) and required attachments should first follow the internal routing procedures established within each School or Department. Then the completed PARF and required attachments should be forwarded to the UHR Office of HR Consulting Services. (Messenger mail address: P.O. Box 400127, Michie North. Physical Location: 918 Emmet Street, 3rd Floor.)