

TEAMS Special Pay Increase Request Form

First Name:

Last Name:

UFID:

Position Title:

College:

Department:

Contact Person:

Contact Phone Number:

Salary Increase Information

Current Salary:

Increase Amount:

Percent Increase:

Proposed Salary:

Salary Analytics for Position Title

This information can be provided by your college/unit human resources office. If unavailable, please request this information by emailing Classification & Compensation at compensation@ufl.edu.

Pay Grade:

Lower Reference Point:

Midpoint:

Upper Reference Point:

One-Time Payment Information

Amount:

Fund Code

Please note: One-time payments for superior performance are not permissible on many restricted funding sources such as fund codes 201 or 209. Supervisors should consult with their assigned Grant Accounting team member to determine whether or not a one-time payment is permissible by the funding source prior to communicating or approving a request for a one-time payment for superior performance.

Type

For more information regarding the definitions and requirements for each SPI type, please visit the [Special Pay Increases](#) webpage.

Superior Performance - Nonrecurring*

Justification

Please describe the reason for the pay increase in the space provided.

* Nonrecurring SPIs for additional duties are approved in exceptional circumstances for documented successful completion of a special project or assignment in addition to the employee's regularly assigned duties or a documented significant increase in productivity.

Approval

The undersigned certify the accuracy of all information herein to the best of their knowledge and approve this action.

_____	_____	_____	_____
Supervisor	Date	Chair/Director	Date

_____	_____	_____	_____
Dean	Date	Vice President	Date

Upon completing this form, please attach a copy to the corresponding ePAF and retain the original for documentation of future pay reduction, if warranted. For international employees, verify and document whether the salary increase affects their immigration status or work authorization and obtain any required authorization before implementing the change. Contact UFHR Immigration Compliance Services with any questions. **Note: The effective date for SPIs shall be the date UFHR approves the special pay action.**

For UFHR Use Only

Class & Comp:

UFHR VP:

Effective Date: