**Fiscal Year 2024 STAFF INSTRUCTIONAL COMPENSATION FORM**

***Payment Agreements will only be in effect within the fiscal year noted above.***

 (Updated 04.12.2023)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | PCN and Suffix |  |
| V Number |  |  |  [ ] Exempt Staff [ ] Classified Staff  |
|  |  |  |
| Primary Department |  | Hiring Department (if different) |  |
| Primary Job Title |  | Contact |  |

|  |
| --- |
| **Attach CV** |
|  | Course(s) |  |
|  | Begin/end date of class |  | Number of Credits |  |  |

|  |
| --- |
| **Justification** Summarize why this request is being made. Attach additional documentation to this form as necessary. |
|  |
| \*\* Please note that the Department Chair can decide to not run a course due to low enrollment. A decision to or to not cancel a class will occur prior to the first day of class.\*\* |
|  |
| **For Exempt Staff:** Payment is processed as an additional per-paycheck payment. | **For Classified Staff:** This is a second classified hourly appointment on a designated PCN, and the employee must enter hours and be paid for all hours worked which may result in overtime. |
| Payment per Pay Period |  | Hourly Rate |  |
| Number of Pay Periods |  | Estimated Total Hours |  |
| Total Payment |  | Estimated Compensation |  |
|  |
| **Source Funds** | **Effective Date** | **End Date** |
|  |  |  |
|  | Dates must align with the start/end of the instructional period |
| **Processing Steps** |
| **Step 1: Hiring Supervisor Signature** |  | Date: |
| **Step 2: If grant-funded,** email all pages to osp-cost@uidaho.edu  |
| Grant Funded? | [ ]  No [ ]  Yes | Project Title |  |
| This form documents the University’s compliance with OMB Circular A-21 regulations regarding charging employees as instructors/consultants to sponsored projects. A-21 Sec. J 10d(1) Compensation – Base rates for faculty members: “However, in unusual cases where consultation is across departmental lines or involves a separate or remote operation, and the work performed by the consultant is in addition to his regular departmental load, any charges for such work representing extra compensation above the base salary are allowable provided that such consulting arrangements are specifically provided for in the agreement or approved in writing by the sponsoring agency”. See FSH 3260/ FSH 3480 for additional guidance. |
| **Office of Sponsored Programs Approval**(if grant-funded) |  | Date: |
| **Step 3: Dean’s Signature** |  | Date: |
| **Step 4: Human Resources Review** email all pages to hr-classcomp@uidaho.eduprior to Provost, VP or President Signature |  | Date: |
| **Step 5: Provost’s Approval\***HR routes (Provost’s Office returns to HR) |  | Date: |

After Provost’s Office approval, the form is returned to Human Resources and then routed to the unit for employee signature

. **Agreements signed by the employee prior to HR review and Provost’s approval will not be accepted.**

|  |
| --- |
| **Contingencies – if applicable:** |
| **Contingencies (HR to add):** [ ]  none [ ]  yes (Include all applicable contingencies from prior agreement) |
|  |
| **Note to Classified Staff:** If you have previously elected compensatory time in lieu of overtime pay, this appointment will reverse that selection and any overtime earned the remainder of this calendar year will be paid as overtime as it is earned. |
| **Terms of this Agreement:** |
| This Agreement constitutes the entire agreement between the Parties with respect to the subject matter of this Agreement; it supersedes all prior negotiations, agreements, representations and understandings with respect thereto. This Agreement may only be amended by a written document signed by the Parties.This Agreement shall be construed and enforced in accordance with the laws of the State of Idaho, without regard to the conflict of laws rules. Any action brought under this Agreement shall be brought within a court of competent jurisdiction in the County of Latah, State of Idaho. If any part of this Agreement is held unenforceable by a court of competent jurisdiction, then such provision will be modified to reflect the Parties’ intention, and all remaining provisions of this Agreement shall remain in full force and effect.This Agreement will be effective as of the last date of signature by a party to this agreement and will remain in effect until further notice; this Agreement may be terminated by either party with 30 days’ notice. Termination of this Agreement shall not affect the rights granted by one party to the other prior to termination. If the Course Author fails to submit course materials, University reserves the right to cancel or renegotiate this Agreement. |
| **Step 6: Employee Acknowledgement:**I agree to the change in my pay detailed in this document. I also agree to all the terms and conditions of this contract and to the payment method set forth. |
| **Employee Signature** |  | Date |
| **Step 7: Return employee signed form (all pages) to** **hr-classcomp@uidaho.edu** |
| **Step 8: HR Finalizes Documents**and distributes fully executed copies to processing offices |  | Date |

**Step 9: Unit applies EPAF**

|  |
| --- |
| **\*\*\*\*\*OFFICIAL USE BY HUMAN RESOURCES \*\*\*\*\*** |
| **EPAF PROCESSING INSTRUCTIONS:** | **EFFECTIVE DATE:** |  | **TERMINATION DATE:** |  |
| [ ]   **EXEMPT:** Use PCN 009024.01 E4110 [ ]  EPAF Category GOATCE (original) [ ]  EPAF Category GRATCE (repeat)[ ]   **Classified:** Use PCN 009023.01 E4110 [ ]  EPAF Category GOATCC (original) [ ]  EPAF Category GRATCC (repeat) |