

**Fiscal Year 2025 STAFF PERMANENT PAY CHANGE FORM**  
*Payment Agreements will only be in effect within the fiscal year noted above.*  
 (Updated 04.29.2024)



Name	
V Number	
Department	
Job Title	
Dept. Contact	

PCN and Suffix

Exempt Staff  Classified Staff

Current Permanent Hourly Rate

Current Permanent Annual Salary

Current Permanent FTE

**Permanent FTE Change to:**

To meet unit business needs (describe below)

At employee's request (attach Voluntary FTE Reduction form)

**Rate of Pay Increase**

Classified permanent hourly increase to  \$ /hour

OR

Exempt permanent salary increase to  \$ /pay

Annualized amount of increase  \$

Annualized Salary AFTER pay change  \$

**Source Funds**

Effective Date

**Date must align with the first day of a pay period**

**Justification** Summarize why this request is being made and justify the change being requested. Attach additional documentation to this form as necessary.

**Processing Steps**

<b>Step 1a: Supervisor Signature</b>	<input type="text"/>	Date: <input type="text"/>
<b>Step 1b: Department Chair/ Unit Manager Signature</b>	<input type="text"/>	Date: <input type="text"/>

**Step 2: If grant-funded, email all pages to [osp-cost@uidaho.edu](mailto: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.

<b>Office of Sponsored Programs Approval</b> (if grant-funded)	<input type="text"/>	Date: <input type="text"/>
<b>Step 3: Dean or Level 3 Administrator Signature</b> (Level 3 unit administrators report to a Vice President or directly to the President)	<input type="text"/>	Date: <input type="text"/>
<b>Step 4: Human Resources Review</b> <i>email all pages to <a href="mailto:hr-classcomp@uidaho.edu">hr-classcomp@uidaho.edu</a> prior to Provost, VP or President Signature</i>	<input type="text"/>	Date: <input type="text"/>
<b>Step 5a: Provost/EVP or VP Approval*</b> HR to route (Provost's Office returns to HR or forwards to President's Office when required)	<input type="text"/>	Date: <input type="text"/>
<b>Step 5b: President Approval</b> (if needed) President's area employee or above 125% of calculated Target	<input type="text"/>	Date: <input type="text"/>

After Provost/EVP or Vice President approval, the form is returned to Human Resources and then routed to the unit for employee signature.

\*The Provost and Executive Vice President and the Vice Presidents have authority on positions in their area, subject to the final approval of the President.

Agreements signed by the employee prior to HR review and Executive approval will not be accepted.

**Contingencies – if applicable:**

Contingencies (HR to add):  none  yes (Include all applicable contingencies from prior agreement)

**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.

<b>Employee Signature</b>		Date
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**Step 7: Return employee signed form (all pages) to [hr-classcomp@uidaho.edu](mailto:hr-classcomp@uidaho.edu)**

<b>Step 8: HR Finalizes Documents</b> and distributes fully executed copies to processing offices		Date
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**Step 9: Unit applies EPAF**

<b>*****OFFICIAL USE BY HUMAN RESOURCES *****</b>		
<b>EPAF PROCESSING INSTRUCTIONS:</b>	<b>EFFECTIVE DATE:</b>	
<b>Job Change EPAF:</b> <input type="checkbox"/> <b>Change of rate of pay only:</b> <input type="checkbox"/> Classified CCHGPY <input type="checkbox"/> Exempt NCHPAY <input type="checkbox"/> Postdoc PCHPAY <input type="checkbox"/> <b>Change of FTE only:</b> <input type="checkbox"/> Classified CLMISC <input type="checkbox"/> Exempt NMSCCH <input type="checkbox"/> Postdoc PMSCCH		
<b>EPAF Reason:</b> <input type="checkbox"/> <b>Permanent rate of Pay or FTE increase (CPACH)</b> <input type="checkbox"/> <b>Permanent rate of Pay or FTE decrease (CPADC)</b>		
or <input type="checkbox"/> <b>Both Rate or FTE <u>AND</u> FLSA change:</b> <input type="checkbox"/> Classified CPOSCG <input type="checkbox"/> Exempt NPOSCG <input type="checkbox"/> Postdoc PMSCCH (reason CJOCH)		