

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	Minimum	\$ _____
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	25 th Percentile	\$ _____
	50 th Percentile	\$ _____
	75 th Percentile	\$ _____
	Maximum	\$ _____

One-time Payment Information	
Amount	\$ _____

Fund Code: _____
<small>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.</small>

Type
For more information regarding the definitions and requirements for each SPI type, please visit <http://hr.ufl.edu/manager-resources/classification-compensation/compensation/special-pay-increases/>.

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. Nonrecurring SPIs for additional duties are limited to 10% of annual base pay or \$3,000 for non-exempt positions. Nonrecurring SPIs for exempt positions may not exceed 15% of base unless approved by the Vice President for UF Human Resources.

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. **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: _____
