

**UWF Position Request and Compensation Form**  
**To be completed by the Hiring Department**

**Instructions to complete this submittal process:**

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. <b>"Save as"</b> Position Request and Compensation Form Template before completing the form</li><li>2. <b>Fill in each field with all requested information</b></li><li>3. Save completed form</li></ol> | <ol style="list-style-type: none"><li>4. Open DocuSign (<a href="https://app2.docusign.com/home">https://app2.docusign.com/home</a>)</li><li>5. Select completed form</li><li>6. Insert signature blocks and date fields ensuring correct approval order and submit</li></ol> |
|---|---|

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Hiring Manager)**

**Justifications**

Please provide a justification for your request. \_\_\_\_\_

**Current Position Information**

Payroll Title \_\_\_\_\_ Working Title \_\_\_\_\_  
Payroll Title Code \_\_\_\_\_ Position # \_\_\_\_\_  
Current Grade \_\_\_\_\_ Proposed Grade \_\_\_\_\_  
Current Salary \_\_\_\_\_ Proposed Salary \_\_\_\_\_  
Cost Center \_\_\_\_\_ Job Posting Salary Range (Min & Max) \_\_\_\_\_  
Resource \_\_\_\_\_ Other Worktags (rare) \_\_\_\_\_

**If Position Review:**

- New Position
- Proposed Payroll title \_\_\_\_\_
- Existing Position
- Proposed new title \_\_\_\_\_
- Date of vacancy \_\_\_\_\_
- Replacing whom \_\_\_\_\_
- Reclassification filled position
- Employee Name \_\_\_\_\_
- Proposed new title \_\_\_\_\_
- Reclassification vacant position
- Previous incumbent \_\_\_\_\_
- Proposed new title \_\_\_\_\_

**If Salary Review:**

Employee name \_\_\_\_\_

**Select only one of the following:**

- Temporary Pay Increase
- Increase for equity/alignment
- Increase for additional responsibilities
- Increase for retention
- Counter job offer
- Recruitment Incentive Payment Request
- One Time Retention/Staying Bonus

**Answer all questions below:**

Has a performance review been completed in the previous 12 months?  Yes  No

Has the employee received an in-grade salary increase in the previous 12 months?  Yes  No

**Effective date of this salary increase?** \_\_\_\_\_

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To be considered for review/approval, attach all supporting documents (ex. justification for action, Pro Staff Position Description Form, updated job description, department salary alignment, etc.)

## Signatures (electronic)

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Insert Director Email)

Department Associate Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
(Insert: *jgamez* or *statge*)

UWF Director Partner Resources: \_\_\_\_\_ Date: \_\_\_\_\_  
(Insert *colaizp*)

UWF Finance Assistant Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Insert *gmiller3*, *gdonegan* or *abfenzl*)

UWF AVP Finance & Administration: \_\_\_\_\_ Date: \_\_\_\_\_  
(Insert *bwinger*)

UWF VP: \_\_\_\_\_ Date: \_\_\_\_\_  
(Insert *rworden*)