

UCPEA Request for a Temporary Salary Increase (TSI)

Classified to Unclassified

Unclassified to Unclassified

Department Request

Before completing this form, contact your HR Specialist to discuss this request. Requests will not be reviewed without:

- 1.) completed justification below,
- 2.) an organizational chart, and
- 3.) a copy of the employee's current resume.

Once the form has been completed with the required signatures and requested documentation, please forward to Workforce Solutions at workforce@uconn.edu or via email to your HR Specialist for approval.

Employees approved for a TSI will have their full-time annual salary increased by at least 2% up to a maximum of 10%. In addition, the employee's new full-time annual salary with TSI will not be less than the minimum UCPEA salary band level nor over the maximum of the UCPEA salary band level of the employee's classification.

Type of Request: **New** **Extension**

Employee Name:				Employee #:	
Department:				Department Contact:	
Start Date of TSI:		End Date of TSI:		Extension Date: (if applicable)	
Current Full-Time Annual Salary:		Annual Requested TSI Amount:		Full-Time Annual Salary w/TSI:	
Current Classification/Level:				New Classification/Level: (if applicable)	
Justification: <i>Please describe in detail the reason for the TSI (i.e. to cover for someone on a leave of absence, to fill a vacancy while a full recruitment effort is underway, etc.) and the higher level duties the employee will be performing.</i>					

Required Signatures

Supervisor's Signature

Date

Supervisor's Printed Name

Manager Outside of Any Bargaining Unit or designee's Signature

Date

Manager Outside of Any Bargaining Unit or designee's Printed Name

Employee's Acknowledgement of Request

I acknowledge this temporary salary adjustment is for performing job duties at a higher level and **is subject to Human Resources' approval**. I understand this increase will be added to my **full-time base annual** salary only for the time period specified; however, if higher level duties end prior to the projected end-date of this appointment, the temporary salary increase will be removed. Upon return to my regular duties, my **full-time base annual** salary rate will be decreased by the TSI amount. I also understand that an approved TSI does not set a precedent for future classification and/or compensation reviews of my position.

Employee's Signature

Date

Human Resources Approval (HR Use Only)

HR Specialist's Signature

Approved

Denied

Date