

## **Pay Plan Request**

| Program Name  | _            |               |  |
|---|--------------|---------------|--|
|   |              | Fiscal Year   |  |
|   | <del>-</del> |               |  |
| Groups Included   |              | Pay Plan Type |  |
| Faculty only  |              | New           |  |
| Staff only  |              | Renewal       |  |
| Faculty & Staff   |              | Update        |  |
| ,   |              | •             |  |
| Description/Background:   |              |               |  |
|   |              |               |  |
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| Objective/Purpose:  |              |               |  |
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| Eligibility:  |              |               |  |
| Ligibility.   |              |               |  |
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|   |              |               |  |
| Payment Information   |              |               |  |
| rayment information   |              |               |  |
| Pay Calculations:   |              |               |  |
| Tay Calculations.   |              |               |  |
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|   |              |               |  |
| Pay Interval(s) (e.g., Monthly, Annually, etc.):                  |              |               |  |
| ray interval(s) (e.g., iviolitily, Allinually, etc.).             |              |               |  |
|   |              |               |  |
|   |              |               |  |
| Timing of payment(s) (e.g., 1st of the month, October 1st, etc.)  | ١٠           |               |  |
| Thining or payment(s) (e.g., 1st of the month, october 1st, etc.) | )•           |               |  |
|   |              |               |  |



| Advantages:                           |               |  |      |
|---------------------------------------|---------------|--|------|
|                                       |               |  |      |
|                                       |               |  |      |
|                                       |               |  |      |
| Potential Adverse Consequences:       |               |  |      |
| Totelital Adverse Consequences.       |               |  |      |
|                                       |               |  |      |
|                                       |               |  |      |
|                                       |               |  |      |
| Cost Justification:                   |               |  |      |
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|                                       |               |  |      |
|                                       |               |  |      |
| (For Compensation Use Only)           |               |  |      |
| Compensation Comments:                |               |  |      |
|                                       |               |  |      |
|                                       |               |  |      |
|                                       |               |  |      |
| Approvers:                            |               |  |      |
| Арргочета.                            |               |  |      |
|                                       |               |  |      |
|                                       |               |  |      |
|                                       | 1             |  |      |
| CRF#                                  |               |  |      |
| School/Department                     |               |  |      |
|                                       |               |  |      |
| Compensation Analyst                  |               |  |      |
| Program Code                          |               |  |      |
|                                       |               |  |      |
| For Faculty:                          |               | For Staff:                                 |      |
| ·                                     |               |  |      |
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| Sr VP-Academic Affairs and Provost or | Designee Date | Sr VP-Finance & Administration or Designee | Date |