

**WORKLOAD INCREASE RECOMMENDATION FORM FOR UNIT 18 NSF**

**DATE:**

**TO:** DEAN

**FROM:** CHAIR/PROVOST/UNIT HEAD

**RE:** RECOMMENDATION FOR INCREASE IN APPOINTMENT PERCENT TIME

**Name:** \_\_\_\_\_ **Dept./Unit:** \_\_\_\_\_

**Title in Dept./Unit:** Pre-Six NSF or Continuing NSF **Annual Salary Rate \$** \_\_\_\_\_

**Current Appointment:** 9/9 or 9/12 **Percent Time** \_\_\_\_\_ **Actual Salary \$** \_\_\_\_\_

**Proposed Appointment:** 9/9 or 9/12 **Percent Time** \_\_\_\_\_ **Proposed Salary \$** \_\_\_\_\_

**Proposed assignment(s), IWC(s), quarter, and for Pre-Six NSF only, designate nature of appointment (simply write the alpha character below that corresponds to the reason from the list provided on the instructions page)**

\_\_\_\_\_ F W S  
\_\_\_\_\_ F W S  
\_\_\_\_\_ F W S

**Funding Source(s):** \_\_\_\_\_  
(Retroactive salary will be paid in the payroll cycle following submission of this form to the payroll office)

**Proposed Pay and Service Dates:** \_\_\_\_\_

**FOR CONTINUING NSF ONLY:**

This augmentation may be TEMPORARY or PERMANENT. Augmentations that do not qualify as temporary under the circumstances listed below must be treated as permanent. A permanent augmentation will become part of the base appointment percentage and the department/unit may only reduce this new percentage pursuant to the provisions of Article 17 – LAYOFF of the MOU.

TEMPORARY: An augmentation for a period of one year or less that results from one of the following:

- a. Faculty leaves;
- b. Circumstances which require emergency course coverage;
- c. The need to deliver instruction until newly hired ladder rank faculty are scheduled to begin teaching;
- d. Temporary and/or unanticipated fluctuations in enrollment; or
- e. Programmatic change designed to meet the academic mission of the University

**Type of Augmentation: TEMPORARY or PERMANENT**

- If TEMPORARY, circle the applicable reason from choices listed above, and provide detail (attach page)
- If PERMANENT, a revised appointment letter with the new continuing appointment base percentage must be issued.

\_\_\_\_\_  
**Signature of Candidate**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Unit Head**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approval of Dean (or revised appointment letter) Date**

**Note to Division: If augmentation is temporary, send approved copy to candidate and department/unit. If augmentation is permanent, send copy of revised appointment letter to candidate and department/unit.**