

Compensation and Classification Request (CCR)

Request Information

Date _____ Department _____ Requested by _____

Contact Person _____ VP/Dean Approval _____

Current Employee _____ Position ID _____

▶ *Request one of the actions below.*

New Position

Job Title _____ Proposed Salary _____ FTE _____

Reclassification

Current Job Title _____ Current Salary _____

New Job Title _____ New Salary _____ New FTE _____

Salary Increase Current Salary _____ New Salary _____

Temporary Position

Job Title _____ Hourly Rate _____

Start Date _____ End Date _____ FTE _____ < 4.5 months

Supplemental Pay

Job Title _____ Monthly Amount _____

Start Date _____ End Date _____

Increase Hours Current Hours _____ New Hours _____

Other _____

Position Funding

1. Describe how the new position, increase, supplement, et cetera, will be funded. Include the funding percentage distribution for each cost center to be charged (e.g., 100% full funding from one cost center, split funded (list percentages 50% / 50%, 80% / 20%, et cetera.)

Cost Center _____ Project/Grant ID _____ Funding % _____ Funding End Date _____

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2. Is funding from a vacated position? Yes No

▶ *If yes, provide the position number and cost center for the funding.*

Position # _____ Current Cost Center _____

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3. Is funding from Wages and/or Maintenance and Operations (M&O)? Yes No

▶ *If yes, provide the budgetary account the funding is coming from.*

Cost Center _____ Budgetary Account # _____ (A1200, A4000)

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Business Rationale for Position

1. Explain the direct impact to the department and The University of Texas at Arlington as it aligns to the [2025 Strategic Plan](#) (Health and the Human Condition, Sustainable Urban Communities, Global Environmental Impact, Data-Driven Discovery).

2. Please provide the business need and rationale to justify this request.

3. Is the request directly related to retaining a key staff member? Yes No

Instructions

Additional Required Documents

- **Additional Pay/Supplement:**
CCR Form, current job description, documentation describing additional duties, VP/Dean Approval.
- **New Positions:**
CCR Form, Organizational Chart ⁽¹⁾ (proposed), new job description, VP/Dean Approval.
- **Over Allocations:** CCR Form, VP/Dean Approval.
- **Promotions:** CCR Form, Organizational Chart ⁽¹⁾ (current/proposed), job description (current/proposed), VP/Dean Approval.
- **Reclassification (populated position):**
CCR Form, Organizational Chart ⁽¹⁾ (proposed), job description (current/proposed), VP/Dean Approval.
- **Reclassification (vacant position):**
CCR Form, Organizational Chart ⁽¹⁾, job description, VP/Dean Approval.
- **Salary Increase:** CCR Form, job description ⁽²⁾, VP/Dean Approval.
- **NOTES:**
(1) Organizational charts should list employee names and official job titles.
(2) The type of salary increase will dictate if a job description is needed; please contact Compensation.

Approval Process

- The manager should obtain VP/Dean approval for the request. After approval by the VP/Dean, the CCR Form, all required documentation, and the VP/Dean's approval should be emailed to Compensation at compensation@uta.edu.
- **NOTE:** If the required documentation and VP/Dean approval are not provided when initially submitted to Compensation, this will delay the review and approval process.
- The CHRO/Compensation will review all requests and will approve/not approve the request.
- After receiving approval, it is the department's responsibility to submit an eForm to process the request.