

## Compensation and Classification Request (CCR) Form

### Request Information

Department \_\_\_\_\_ Contact Person \_\_\_\_\_

Requested by \_\_\_\_\_ Effective Date of Request \_\_\_\_\_

► CCRs will not be approved with retroactive effective dates.

VP/Dean Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Current Employee \_\_\_\_\_ Position ID \_\_\_\_\_

### Request Type

#### New Position

Job Title \_\_\_\_\_ Proposed Salary \_\_\_\_\_ FTE \_\_\_\_\_

#### Reclassification

#### Promotion

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

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### Supplemental Pay

Job Title \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

► *Compensation must be consulted prior to the assignment of interim or temporary duties to the employee to ensure that supplemental pay is warranted.*

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### Increase or Decrease Hours

Job Title \_\_\_\_\_

Current Hours \_\_\_\_\_ New Hours \_\_\_\_\_

Current Salary \_\_\_\_\_ New Salary \_\_\_\_\_

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### Overallocation

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title \_\_\_\_\_ Requested Salary \_\_\_\_\_

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Other \_\_\_\_\_

## Position Funding

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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 \_\_\_\_\_

Cost Center \_\_\_\_\_ Project/Grant ID \_\_\_\_\_ Funding % \_\_\_\_\_ Funding End Date \_\_\_\_\_

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Cost Center \_\_\_\_\_ Project/Grant ID \_\_\_\_\_ Funding % \_\_\_\_\_ Funding End Date \_\_\_\_\_

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 \_\_\_\_\_

Position # \_\_\_\_\_ Current Cost Center \_\_\_\_\_

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

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Please briefly describe the business need and rationale to justify the request.

## Instructions

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### Required Documents

In addition to the signed CCR form, please provide the documents listed below for each request type. All documents should be emailed to [compensation@uta.edu](mailto:compensation@uta.edu).

- **Additional Pay/Supplement:** Current job description [2], documentation describing additional duties, VP/Dean Approval [1] [2]
- **New Positions:** Proposed organizational chart [1], new job description, VP/Dean Approval [3]
- **Over Allocations:** VP/Dean Approval [3]
- **Promotions:** Current and proposed organizational chart [1] , current and proposed job description [2], VP/Dean Approval [3]
- **Reclassification (populated position):** Current and proposed organizational chart [1], current and proposed job description [2], VP/Dean Approval [3]
- **Reclassification (vacant position):** Organizational chart [1], job description [2], VP/Dean Approval [3]
- **Salary Increase:** Job description [2], VP/Dean Approval [3]

[1] Organizational charts should list employee names and official job titles.

[2] The type of salary increase dictates if a job description is needed.

[3] VP/Dean Approval can be a signature on page 1 of this document or written approval in an email.

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### Approval Process

- The manager must obtain a signature from the VP/Dean on this form or written approval in an email.
- Email the CCR form, and all required documentation including the VP/Dean's approval to [compensation@uta.edu](mailto:compensation@uta.edu).
- The CCR Committee will review all requests and approve or not approve the request.
- It is the department's responsibility to submit an eForm to process the request after receiving approval.

**NOTE:** The review and approval process will be delayed if the required documentation and VP/Dean approval are not provided when the request is submitted to Compensation.

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### Effective Date

- CCRs approved before the 15th of the month will have an effective date of the 1st day of the current month.
- CCRs approved after the 15th of the month will be effective the 1st day of the following month.
- CCRs will not be approved with retroactive effective dates.

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### Compensation Procedure

Please review the [Compensation Procedure](#) for additional information.