

UW-MADISON  
ACADEMIC PERSONNEL OFFICE  
**REQUEST FOR RATE AND/OR TITLE CHANGE**  
(Academic Staff or Limited)

EMPL ID: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

APPT #: \_\_\_\_\_

DIVISION/DEPARTMENT: \_\_\_\_\_

UDDS: \_\_\_\_\_

CURRENT TITLE: \_\_\_\_\_ / \_\_\_\_\_  
(title code)

CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_  
(as of proposed effective date) (basis)

PROPOSED EFFECTIVE DATE: \_\_\_\_\_ PROPOSED BASE ADJUSTMENT: \$ \_\_\_\_\_ (\_\_\_\_ % increase)

PROPOSED TITLE: \_\_\_\_\_ / \_\_\_\_\_  
(title code)

PROPOSED SALARY: \* \_\_\_\_\_ PER \_\_\_\_\_  
(excludes the July 1 compensation plan increase; (basis)

TEMPORARY ADJUSTMENT: Yes \_\_\_\_ No \_\_\_\_

follow budget instructions regarding required merit

If yes, End date (if known) \_\_\_\_\_

*Major department must obtain signatures of other funding/budgetary departments (except for Summer Session and Research Committee funds).*

■ The signatures of the following individuals indicate that approval is granted for a base adjustment and/or title change. ■

SIGNATURE(S) OF SUPERVISOR: \_\_\_\_\_ (date)

\_\_\_\_\_ (date)

SIGNATURE(S) OF DEPARTMENT CHAIR/DIRECTOR: \_\_\_\_\_ (date)

\_\_\_\_\_ (date)

SIGNATURE(S) OF DEAN/DIRECTOR OR DESIGNEE: \_\_\_\_\_ (date)

\_\_\_\_\_ (date)

APPROVED: \_\_\_\_\_ (date)  
(Academic Personnel Office)

CHECK  APPROPRIATE CATEGORY:

- 1. The proposed request is a prefix or scope change within the same title series. Provide a written statement, including years of service, as to how this employee has met the stated criteria in the UTG, p. 12. **If departmental criteria for promotion within the title series were developed in addition to the general criteria stated in the title guideline, please attach. (Criteria must be approved by your Dean's/Director's office.)**  
For this type of progression within the same title series, the minimum increase normally must equal 5% or an amount necessary to bring the employee up to the minimum of the proposed title, whichever is greater (excluding the July 1 compensation plan increase). A maximum increase of 10%, before or after the raise to the minimum, is allowed. **Exceptional situations should be discussed with APO.**
- 2. Change in duties but no change in title. **Complete the questions on the reverse side.** ☞
- 3. The proposed title is in a different title series than the current one. **Complete the questions on the reverse side.** ☞
  - If the proposed title is in the Administrative Director series, also **please attach organizational chart.**
  - If proposed title is in the Program Manager, Administrative Officer, Special Assistant, or Unspecified Director series, **a completed PQ and organizational chart will be required.**
- 4. Market/Competitive Factors  outside offer  retention  competitive. **Complete the information above and attach a summary (see UPPP Ch. 10.01 D.).**
- 5. Equity adjustment. **Complete the information above and attach a summary (see UPPP Ch. 10.01 C.).**
- 6. Error. **Complete the information above and attach a memo stating the reason/s for the request.**

\* Requested salary must be within range for proposed title. Exceptions for above maximum require prior approval from UW System.

**FOR APO USE ONLY**  
IADS Code: \_\_\_\_\_