

APPENDIX II

Statement of Salary Negotiation Discussions University of California Health Sciences Compensation Plan

Fiscal Year: _____
Effective Date: _____

NAME: _____
 DEPARTMENT: _____ DIVISION: _____
 ACADEMIC PROGRAMMATIC UNIT (if applicable): _____
 RANK: _____ SERIES: _____ STEP: _____ % TIME: _____ % TOTAL: _____
 SERIES 2: _____ STEP: _____ % TIME: _____

I have been informed by my chairperson that the salary recommended for me this fiscal year is as follows:
 The base scale that has been negotiated is **Scale:** _____

The annual rate salary components are:

Salary Component Name	Comp Rate Code	100% Annual Value	Prorated Value at % Time (if <100%)
Regular Pay (X)			
Increment (half step - see instructions)			
Other off scale (if exists)			
Scale Pay (X')			
Subtotal – Base Salary (X+X')	----->		
Negotiated Pay (Y)			
“Administrative” Y (if applicable for Deans)			
“Summer” Y (if applicable for campus split appts)			
Total - X+X'+Y	----->		

VA Appointment (if applicable):

VA fraction (8ths)	
VA Salary	
UC+VA Salary	

Administrator/Chair/Dean Stipend (if applicable):

I understand this salary is expressed as an annual rate and that it will be prorated if it is effective for a partial year, a reduced percentage of time due to leave status, or a reduced appointment.

If a change in the base scale is mandated by the University, I understand that the total base salary (X+X') will be modified automatically. Additional negotiated compensation (Y) will be decreased accordingly if available, resulting in no change to overall salary.

I understand that the receipt of this salary is governed by the Health Sciences Compensation Plan, University of California, Davis, Implementation Procedures and that I may file a grievance regarding this salary under the grievance measures outlined in Section V.C. of those Procedures.

This statement represents a record of my salary negotiations with my department chair. I understand that it is not a contract. (Section VII.D.2. of the Implementation Procedures). Finally, I understand that this salary is subject to approval of the Vice Provost – Academic Planning and Personnel upon recommendation of the Department Chair and the Dean.

Comments:

____ I agree with the above salary
 ____ I disagree with the above salary (please explain):

_____ (Comp plan member) Date _____

_____ (Department Chair or Dean) Date _____