UNIVERSITY of WASHINGTON
HUMAN RESOURCES

Professional Staff Temporary Pay Increase (TPI): Approval Request

Instructions

By submitting this request, you are signifying that you have the appropriate concurrence of your UW Medicine President, Hospital CEO, UW Medicine CFO, or their delegated designee.

Assumption of additional and/or higher-level responsibilities on a temporary basis must be for a minimum of ten working days.

When requesting an extension of this TPI, please maintain the original information. Changes should be entered in the extension request section only (Section 3) to maintain the history of this TPI**.**

Supervisors are responsible for completing this form and ensuring it routes to the appropriate WMS email address**:**

- hruwmc@uw.edu for UW Medical Center (Montlake and NW)
- hrhmc@uw.edu for Harborview Medical Center
- hrwms@uw.edu for Shared Services

Section 1: Employee information

1. Employee name: _____
2. Employee ID: _____
3. Position number: _____
4. Job code: _____
5. Payroll title: _____
6. Home department name: _____
7. Home department budget: _____
8. Current regular (base) FT monthly salary (in USD): _____
9. Proposed percent increase over base salary: _____
10. Proposed monthly TPI amount (above employee's base salary): _____
11. Effective start and end date of proposed action. Please note, the start date must be the 1st or 16th of each month. The end date must be with a pay period end date:
    - ☐ Start date: _____ b. End date: _____

12. Justification for proposed action:

Section 2: Department Information

13. Name of department contact: _____

14. Department contact's job title: _____

☐ I confirm that I have all appropriate approvals as required by the UW Medicine CHSO, Hospital Executive Director, UW Medicine CFO, or their delegated designee for this request. These approvals are on file with my records on this action and available for review if requested.

Section 3: Extension request

Complete this section only if requesting an extension or pay change to the above TPI.

Instructions

Use your original electronic TPI request form (or most recent extension form) and complete the table below.

Table terms

- **Confirm approval:** Check this box to indicate that you have continued appropriate approvals as required by the UW Medicine President, Hospital CEO, UW Medicine CFO, or their delegated designee
- **Extension:** Check this box to extend the end date of the existing TPI
- **Pay change:** Check this box to change the amount of the existing TPI
- **Effective date:** Enter the effective date of the changes
- **New TPI amount (If applicable):** Enter the new pay rate of the existing TPI
- **End date (If applicable)**: Enter the new end date of the existing TPI
- **Reason for extension/change:** Indicate the specific reason for the extension or pay change including details of what is changing.

	Confirm approval	Extension	Effective date	New TPI amount	End date	Reason for extension/change
1.	☐	☐	_____		_____	
2.	☐	☐	_____		_____	
3.	☐	☐	_____		_____	
4.	☐	☐	_____		_____	