

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

SS #: \_\_\_\_\_

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

EMPLOYEE'S NAME: \_\_\_\_\_ APPT #: \_\_\_\_\_

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

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

CURRENT TITLE: \_\_\_\_\_ / \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_  
(title code) (as of proposed effective date) (basis)

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

PROPOSED TITLE: Test / \_\_\_\_\_ PROPOSED SALARY: \* \_\_\_\_\_ PER \_\_\_\_\_  
(title code) (excludes the July 1 compensation plan increase; (basis)  
follow budget instructions regarding required merit)

TEMPORARY ADJUSTMENT: Yes \_\_\_\_ No \_\_\_\_  
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: \_\_\_\_\_ (Academic Personnel Office) (date)

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: \_\_\_\_\_

**SECTION TO BE COMPLETED FOR CATEGORY 2 OR 3.**

1. Principal Duties (Including new duties)

Approximate Percent


2. Describe how the above duties have changed since last information was submitted to the Academic Personnel Office (last information may have been in the form of a Position Vacancy Listing [PVL] or Position Questionnaire [PQ]).

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3. How many FTEs (including academic staff, classified and student help) will the incumbent directly or indirectly (through subordinates) supervise? \_\_\_\_\_

4. Will the incumbent have budgetary responsibility? \_\_\_\_\_ Please describe:

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**RETURN COMPLETED FORM TO:  
 Academic Personnel Office  
 174 Bascom Hall**