

Department Chair*, submit **Form A, B, and C** to Dean by **May 20, 2022**

Dean, submit **Form A, B, and C** to Vice Provost by **May 27, 2022**

2022-23 Negotiated Salary Trial Program (NSTP)

Department Chair Certification*

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|-------------------------|--------------|-----------------|-------|
| FACULTY REQUESTOR NAME: | EMPLOYEE ID: | TITLE/RANK: | STEP: |
| DEPARTMENT: | | COLLEGE/SCHOOL: | |

DEPARTMENT CHAIR CERTIFICATION*

Check boxes to the left as appropriate; leave unchecked if not in agreement.

- I have verified that the Requestor has not reduced and is not expected to reduce support for graduate students, postdocs, researchers, or any other positions due to their NSTP participation, in terms of Total FTE and Total Dollars.
- I have verified that the Requestor has attained advancement in rank or step at the last on-cycle academic review, or equivalent satisfactory review.
- I have verified that the Requestor is making appropriate contributions to financial support of graduate education and research activities.
- I have verified that the Requestor has fulfilled all teaching, research and service obligations in FY 2021-22.
- I have verified that the Requestor will fulfill all teaching obligations in FY 2022-23, as follows:
 Estimated number of courses to be taught: _____ Approved departmental course load: _____

I have verified that the Requestor is in compliance with all applicable University policies, procedures, and training requirements, including, but not limited to, the following: *(Check if training has been completed)*

- Patent Agreement Yes No Sexual Violence and Sexual Harassment Prevention Training Yes No
- Safety Training Yes No Outside Professional Activities Yes No

- I certify that the requested salary amount is within the norms of the department/discipline and is consistent with the [UC Davis NSTP Phase 2 Implementation Plan](#).
- I certify that allowable and appropriate resources are available to support this request, and that the reserve fund requirements have been met.
- I support this request based on the above. *(Leave blank if you do not support this request, and include a reason in the comment section below)*

The Requestor received a formal retention offer: _____ Academic Year of Retention Offer: _____

I reviewed this NSTP application with the Requestor: _____

Comments *(optional)*:

Department Chair* Name *(serving as electronic signature)* _____ Date _____ Printed Name _____

DEAN CERTIFICATION

- I approve the Base Salary Rate, Negotiated Salary Component, and Total UC Salary Rate amounts.
- I support this request based on the above. *(Leave blank if you do not support this request, and include a reason in the comment section above)*

Dean Name *(serving as electronic signature)* _____ Date _____ Printed Name _____

Dean, upon approval, submit Forms A, B, & C to Vice Provost Kass at phkass@ucdavis.edu & lmraum@ucdavis.edu