



**DIVISION OF ARTS AND HUMANITIES
FACULTY SALARY EXCHANGE PROGRAM (FSEP)**

Today's Date: _____

Employee I.D.: _____

Employee's Name: _____

Employee's Signature: _____

Payroll Title: _____ Dept.: _____

Total Covered Compensation: _____ (Base+Any Off Scale) Appointment %: _____

GCCP Participants Only:

Negotiated Salary Increment: _____ Total UC Salary: _____

Department Contact: _____

(Print name and extension of person to contact for questions, etc.)

Department Approval/date: _____

(Department Chair Signature)

Pay Period of Funding Exchange (Must coincide with quarterly pay periods):

Begin: _____ End: _____

Description of Salary Exchange (Attach separate sheet if necessary):

Please list the current method of pay:

					Total
Index(s)	_____	_____	_____	_____	
Fund(s)	_____	_____	_____	_____	
Percent	_____	_____	_____	_____	0%
Total Salary:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Proposed Method of Pay:

					Total
Index(s)	_____	_____	_____	_____	
Fund(s)	_____	_____	_____	_____	\$0.00
Percent	_____	_____	_____	_____	0%
Total Covered Compensation:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Notes:

Dean's Approval: _____

Date: _____

Executive Vice Chancellor's

Approval: _____

Date: _____