

2025-2026 Negotiated Salary Program (NSP)

Department Chair/School Associate Dean Certification

Submission Deadline to APO: May 16, 2025

FACULTY REQUESTOR'S NAME:	UC PATH ID:	RANK/STEP:	I&R PERCENT:
DEPARTMENT:		COLLEGE/SCHOOL:	

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

- Requestor meets Good Standing Criteria, understands development of Good Standing Criteria and process of appeal/reconsideration.
- Requestor is not expected to reduce support for graduate students, postdocs, researchers, or any other positions due to his/her NSP Request.
- Requestor has attained advancement in rank or step at the last on-cycle academic review, or equivalent satisfactory review.
- Requestor is making appropriate contribution to financial support of graduate education and research activities.
- Requestor will fulfill all teaching obligations in FY 2025-2026 as follows:

Estimated number of courses to be taught: _____

Approved Departmental Course Load: _____

Requestor is in compliance with all applicable University policies, procedures, and training requirements, including the following:

	<input type="radio"/> Yes	<input type="radio"/> No
Anti-Discrimination	<input type="radio"/> Yes	<input type="radio"/> No
<i>Check if training has been completed</i>		
Conflict of Interest and Conflict of Commitment	<input type="radio"/> Yes	<input type="radio"/> No
Faculty Code of Conduct	<input type="radio"/> Yes	<input type="radio"/> No
Sexual Harassment Prevention	<input type="radio"/> Yes	<input type="radio"/> No
Lab Safety	<input type="radio"/> Yes	<input type="radio"/> No
Abusive Conduct in the Workplace	<input type="radio"/> Yes	<input type="radio"/> No

I support this request based on the above

I do NOT support this request based on the above

The Requestor received a formal retention offer:

In the past 2 years

In the past 5 years

Not in the past 5 years

The NSP was discussed with the applicant during the recruitment process, and was mentioned:

In a conversation

In a written communication

Was not discussed with the applicant

Not Sure

Comments *(optional)*:

Department Chair's Name (serving as electronic signature)

Date

Printed Name

Dean's Name (serving as electronic signature)

Date

Printed Name