2025-26 Negotiated Salary Program (NSP) Chair/Dean Certification
Submission Deadline to Academic Personnel: May 15

Requestor Information

Name:_____ **Employee ID:**_____ **Rank/Step:**_____

College/School:_____ **Department:**_____

Chair Certification

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

☐ Requestor has not reduced and is not expected to reduce support for graduate students, postdocs, researchers, or any other positions due to their NSP participation.

☐ 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 2025-26, as follows:

Estimated number of courses to be taught:_____ **Approved Departmental Course Load:**_____

☐ The requested salary amount is within the norms of the department/discipline, and is consistent with the NSP implementation procedures.

☐ The department has confirmed that allowable and appropriate resources are available to support the request, and that the contingency fund requirements have been met.

Requestor is in compliance with all applicable University policies, procedures, and training requirements, including the following *(check if completed)*:

　　　☐ Patent Agreement　　　☐ Outside Professional Activities　　　☐ Lab Safety Training

　　　☐ Sexual Violence and Sexual Harassment Prevention Training

☐ I support this request based on the information above. *(If not, leave blank and explain in comments below.)*

The requestor received a formal retention offer:

　　　☐ In the past 2 years　　　　　☐ In the past 5 years　　　　　☐ Not in the past 5 years

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

　　　☐ In a conversation　　　☐ In a written communication　　　☐ Was not discussed　　　☐ Not sure

Chair Signature:_____ **Date:**_____ **Name:**_____

Dean Certification

☐ I support the proposed Base Salary Rate, Negotiated Salary Component, and Total UC Salary Rate.

☐ I support this request based on the information above. *(If not, leave blank and explain in comments below.)*

Dean Signature:_____ **Date:**_____ **Name:**_____

Additional Comments

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