

2025-26 Negotiated Salary Program (NSP) Fund Manager Certification: AY Appt

Submission Deadline to Academic Personnel: May 15

Negotiated Salary Program Information

Negotiated Salary Component (NSC)

- Funding for the NSC must be available for use and in a UCSB account from July 1, 2025 to June 30, 2026.
- NSC funding **must come from external funds**. State (19XXX) funds or other internal funds may not be used to cover any portion of the NSC. Multiple eligible fund sources may be used to cover the NSC.

Contingency Funding

- Contingency fund contribution must be at least 10% of the total NSC, plus benefits.
- State (19XXX) funds may be used to cover contingency fund contribution.

Other

- Workforce reduction to confer funding eligibility for the NSP are prohibited.
- Participation in NSP requires full use of Summer Salary (applied July-September).

Requestor Information

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

College/School: _____ Department: _____

Request Summary

Academic Year Appointment

Annual Base Salary: <small>Enter the requestor's professorial salary. Do not include summer comp, administrative pay, or current NSP comp.</small>	
Negotiated Salary Percentage (max 30%): <small>Enter a percentage here, and the actual dollar amount will calculate below.</small>	
Negotiated Salary Component (NSC): <small>Automatically calculated: Annual Base Salary x Negotiated Salary Percentage</small>	
Total UC Salary Rate: <small>Automatically calculated: Annual Base Salary + Negotiated Salary Component</small>	
Summer Salary Rate: <small>Automatically calculated: Total UC Salary Rate / 9</small>	
Total Number of Summer NINTHS/MONTHS: <small>Enter the number of months of summer salary the requestor is planning to take (max 3).</small>	
Summer Salary Total: <small>Automatically calculated: Summer Salary Rate x Total Number of Summer NINTHS/MONTHS</small>	
Annual Administrative Stipends (if applicable): <small>Enter any administrative stipends here.</small>	
Total Annual Compensation: <small>Automatically calculated: Total UC Salary + Summer Salary Total + Administrative Stipends</small>	
Contingency Fund Obligation: <small>Automatically calculated: 10% of Negotiated Salary Component</small>	
Estimated Composite Benefits Rate: <small>Automatically calculated: Estimated 34.6% of NSC and 9.0% of Summer Increment</small>	
Total Amount Needed for Participation: <small>Automatically calculated: NSC + Contingency Fund + Incremental Increase in Summer Salary + Estimated Composite Benefits</small>	

Funding

- Provide information regarding funding that will be used for NSP participation in 2025-26.
- Fund manager is responsible for verifying that funds are used as intended, pursuant to the terms and expectations of the funding authority. **(TIP: make sure the agency does not have limits regarding the faculty's pay rate/salary. When in doubt, get approval from the agency's program manager.)**
- State (19XXX) funds or other internal funds may **NOT** be used to cover any portion of the NSC.

Source of Funds	Fund Title	Account/ Fund	Amount to be Used for NSP	Start Date	End Date	Indicate How the Funds will be Used (NSC, Summer Salary Increase, Contingency, Benefits)
TOTAL:				Should match or exceed the "Total Amount Needed for Participation" on previous page.		

Fund Manager Certification

Please check each of the boxes below to indicate that you have verified this information. **If you are unable to verify, leave the checkbox blank and explain in comments below.**

- The funds listed in the request are in a UCSB account/fund that is assigned to, or may be used at the discretion and approval of the requestor.
- The total dollar amount requested is within the 30% limit set forth by the NSP.
- The aggregate of the funds listed in the request are appropriate and sufficient to cover the salary, benefits, and contingency fund obligations.
- The funds will be in an assigned UCSB account/fund as of June 30, 2025, and will be available for use from July 1, 2025 to June 30, 2026. These funds will be encumbered, for the benefit of the requestor, upon approval of this proposal.

Comments:

Fund Manager Signature: _____ **Date:** _____ **Name:** _____