

**Department Chair\***, submit **Form A, B, and C** to Dean by **May 2, 2021**

**Dean**, submit **Form A, B, and C** to Provost by **May 10, 2021**

### 2021-22 Negotiated Salary Trial Program (NSTP)

#### Department Chair Certification\*

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 2020-21.
- I have verified that the Requestor will fulfill all teaching obligations in FY 2021-22, 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 Provost/Executive Vice Chancellor at [mary.croughan@ucdavis.edu](mailto:mary.croughan@ucdavis.edu) & [mbmclaughlin@ucdavis.edu](mailto:mbmclaughlin@ucdavis.edu)**