Request for Performance Salary Adjustment (PSA)   
Faculty of Medicine

Salary Increase effective date: July 1, 20XX  
Review year: January 1, 20XX – December 31, 20XX

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| --- | --- |
| **Name of Faculty Member** |  |
| **Department/School** |  |
| **Joint Department** (if applicable) |  |
| **Distributed Site** (if applicable) |  |
| **Faculty Rank** |  |
| **Current Years in Rank** |  |
| **Current Academic Salary** (annual) |  |
| **Other Remuneration Salaried Through UBC** (i.e. HON/ CLI) |  |
| **PSA Amount Requested** (annual) |  |

**1.Please list all comparable faculty members\* in the Department/School at the same rank with a similar number of years in rank.** You may wish run Workday Report Academic\_Bargaining\_Unit\_Salary\_Report to assist in your analysis. Please check with the Faculty HR Team, Faculty of Medicine Dean’s Office, if you require additional comparators.

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| --- | --- | --- | --- |
| **Other Comparable Faculty Members** | | | |
| NAME | FACULTY RANK | CURRENT YEARS IN RANK | CURRENT ACADEMIC SALARY (ANNUAL) |
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**2. Please provide a rationale for the PSA request.** Please note that recommendations for PSA are made with consideration given to overall performance, such as performance over a period of time which is worthy of recognition; the relationship of a faculty member’s salary to that of other faculty taking into consideration total years of service and rank at UBC; and market considerations.

**3. Has the Department/School and/or the faculty member made a request for PSA and/or retention funds in the past? If so, which year(s)? Was the request granted and for how much?**

**4. Merit history of faculty member requesting PSA:**

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| --- | --- | --- |
| **Year** | **Faculty member’s merit ranking out of total faculty members in unit** (e.g. 4 out of 29) | **Did this Faculty member receive Merit?** |
| Effective July 1, 20XX  (current cycle) |  | □ Yes  □ No. Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Effective July 1, 20XX |  | □ Yes  □ No. Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Effective July 1, 20XX |  | □ Yes  □ No. Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Effective July 1, 20XX |  | □ Yes  □ No. Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I understand that normally PSA is not awarded to members in their first three (3) years of employment as a faculty member at UBC.

I confirm that this PSA request has been consulted with a reasonable number of colleagues representative of each of the ranks within the unit, including Regional Associate Deans/ Centre Directors (if applicable) and funding partners (if the faculty’s academic salary is being funded from sources outside of your unit).

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Department Head/School Director Date

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Department Head/School Director, Joint Unit (if applicable) Date

\*Joint appointments must be authorized by the Department Head/School Director responsible for each unit