

APPENDIX II
Statement of Salary Negotiation Discussions
University of California Health Sciences Compensation Plan
MEG / MB Version

Fiscal Year _____
Effective Date _____

NAME _____

DEPARTMENT _____ DIVISION _____

ACADEMIC PROGRAMMATIC UNIT (if applicable) _____

RANK _____ SERIES _____ STEP _____ % TIME _____

Series 2:

I have been informed by my chairperson that the salary recommended for me for this fiscal year is as follows:

The base scale that has been negotiated is Scale _____.

The annual rate salary components are as indicated below:

100% Rated Components	Appt % Rated Components (if < 100%)	VA Appointment (if applicable)
\$ _____ 11 mo. Base (MEG)	\$ _____ 11 mo. Base (MEG)	_____ VA fraction (8ths)
\$ _____ Off-scale Salary	\$ _____ Off-scale Salary	\$ _____ VA Salary
\$ _____ Step Plus Supplement	\$ _____ Step Plus Supplement	\$ _____ Total UC+VA Salary
\$ _____ MB__ (Scale 1-3)	\$ _____ MB__ (Scale 1-3)	
\$ _____ MB__, (Scale 4-9)	\$ _____ MB__, (Scale 4-9)	
\$ _____ Total Base (X+X')	\$ _____ Total Base (X+X')	
\$ _____ Negotiated Y	\$ _____ Negotiated Y	
\$ _____ Total Annual Salary	\$ _____ Total Annual Salary	

I understand that this salary is expressed as an annual rate and that it will be prorated if it is effective for a partial year, a reduced percentage of time due to leave status, or a reduced appointment.

If a change in the base scale is mandated by the University, I understand that the total base salary (X) will be modified automatically. Additional negotiated compensation (Y) will be decreased accordingly if available, resulting in no change to the overall salary.

I understand that receipt of this salary is governed by the Health Sciences Compensation Plan, University of California, Davis, Implementation Procedures and that I may file a grievance regarding this salary under the grievance measures outlined in Section, V.C. of those Procedures.

This statement represents a record of my salary negotiations with my department chair. I understand that it is not a contract. (Section VII.D.2. of the Implementation Procedures). Finally, I understand that this salary is subject to approval of the Vice Provost--Academic Personnel upon recommendation of the Department Chair and the Dean.

_____ I agree with the above salary

_____ I disagree with the above salary because (please explain):

Faculty Signature Date

Department Chair Signature Date