

**CENTRAL TEXAS COLLEGE**  
 Full-Time Faculty Compensation Evaluation Form  
 THIS IS NOT A CONTRACT

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Position Code: \_\_\_\_\_

A. Years related experience non-CTCD (max pay is 7 steps): \_\_\_\_\_

B. Years related CTCD experience: \_\_\_\_\_

Step placement recommended (A + B): \_\_\_\_\_

**BASE PAY**

	Base Salary 9 months	10 ½ Months 1.125 x 9 Month Base	11 Months 1.1667 x 9 Month Base	12 Months 1.25 x 9 Month Base
Bachelor's Equivalent				
Bachelor's Degree				
Master's Degree				
Master's Plus 30				
Master's Plus 60				
Doctorate				

**DEPARTMENT CHAIR PAY**

<u>Faculty FTE</u>	<u>Dept Chair Multiplier</u>		<u>Dept Chair Pay</u>
1-4	.03 x	_____ = _____ (Base Salary)	
5-7	.07 x	_____ = _____ (Base Salary)	
8-more	.10 x	_____ = _____ (Base Salary)	

**Total Compensation**  
 Base pay + Dept Chair  
 (if applicable)

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I concur with the above and agree to the salary calculation.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HR Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_