

**ATTACHMENT 4
DEPARTMENT FACULTY IPEP FORM**

Department _____ College _____

Guidelines of Faculty Compensation

Identify which one(s) of the following is the basis for the department Faculty equity review.

- _____ a. Compression within rank
- _____ b. Compression between ranks
- _____ c. Inversion within rank
- _____ d. Inversion between ranks
- _____ e. Other internal equity issues _____
- _____ f. None

Factors to Consider when Evaluating Compensation Data

1. Highest degree held
2. Years in rank at ECU
3. Years at ECU
4. Applicable Professional Experience prior to ECU
5. Discipline or Subfield

Actively Employed Eligible Faculty

Eligible Faculty ID Number	Guideline(s) Identified	Factor(s) Considered	Brief Explanation of Factors Considered*	IPEP Review Group Comments on Explanation of Factors Considered	Dean/Chair Recommendations for Adjustment Y/N	IPEP Review Group Recommendations for Adjustment Y/N	Dean/Chair Compensation Amount or Goal Recommendations	IPEP Review Group Compensation Amount or Goal Recommendations	Final Joint Recommendations

Chair Signature

Date

Dean Signature

Date

IPEP Review Committee Representative Signature

Date

* Could attach an additional sheet, if necessary.