

## REQUEST FOR SALARY CHANGE FORM

PROMOTION \_\_\_\_\_

RECLASSIFICATION \_\_\_\_\_

PERFORMANCE \_\_\_\_\_

RETENTION \_\_\_\_\_

TRANSFER \_\_\_\_\_

ADDITIONAL DUTIES/SKILLS \_\_\_\_\_

SALARY DECREASE \_\_\_\_\_

**\*FUNDS MUST BE AVAILABLE FROM EXISTING BUDGET\***

**\*JUSTIFICATION MEMO REQUIRED, SUPPORTING DOCUMENTATION SHOULD BE ATTACHED\***

EMPLOYEE:		CWID:
DEPARTMENT:		ACCOUNT #:
CURRENT SALARY:	NEW SALARY:	%:

### APPROVAL SIGNATURES (TO BE OBTAINED BEFORE SENDING TO HR)

_____ DEPT HEAD/DIRECTOR                      DATE	_____ DEAN/VP                                      DATE	_____ EVP/PROVOST                              DATE
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### FOR HUMAN RESOURCES USE ONLY

CLASS CODE/SLOT:	POSITION NUMBER:	BAND/LEVEL:
COFC SERVICE DATE:	STATE SERVICE DATE:	CURRENT JOB DATE:

### RANGES AND AVERAGES

BAND/LEVEL MINIMUM:	MIDPOINT:	MAXIMUM:
STATE MINIMUM:	% ABOVE STATE MINIMUM:	
% ABOVE CURRENT SALARY:	% ABOVE COFC MINIMUM:	
COFC AVERAGE FOR CLASS:	STATE AVERAGE FOR CLASS:	
APPROVED SALARY:	EFFECTIVE START DATE:	

COMMENTS:

### APPROVAL SIGNATURES

_____ PRESIDENT OR DESIGNEE                      DATE	_____ VICE PRESIDENT, HUMAN RESOURCES                      DATE
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