

# REQUEST FOR TEMPORARY SALARY ADJUSTMENT

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

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

EMPLOYEE:		CWID:	
DEPARTMENT:		ACCOUNT #:	
CURRENT SALARY:	TSA \$ AMOUNT:	%:	
TSA EFFECTIVE DATE (CANNOT EXCEED 12 MONTHS):			

### **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:
COFC MINIMUM:	MIDPOINT:	MAXIMUM:
% ABOVE CURRENT SALARY:		TEMPORARY ANNUALIZED SALARY:
COFC AVERAGE FOR CLASS:		STATE AVERAGE FOR CLASS:
TSA EFFECTIVE DATE:		TSA ENDING DATE:
COMMENTS:		

### **APPROVAL SIGNATURES**

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