

Request for Salary Change Form
Use only for Permanent Staff (not Faculty)

Requester: _____ **Department:** _____

Important Instructions and Reminders:

1. Justification Memo and/or other supporting documentation must be attached.
2. Grant Accounts must be approved by the Office of Research and Grants Administration (**ORGA**) and Foundation Accounts must be approved by Foundation Financial Services (**FFS**) before routing to Budget Office.

Name:		CWID:	
Salary Requested: *	Amount Requested:	Charge To (Budget #): <small>*Funds must be available from existing budget.</small>	
Current Salary:	% of Change:	ORGA Approval:	FFS Approval:

Reason for Salary Change (choose only one): **Additional Duties/Skills** ____ **Performance** ____
Reclassification ____ **Promotion** ____ **Reassignment** ____ **Retention** ____

<u>Human Resources</u>			
Class Code:	E-Class:	Position Number:	Band/Level:
CofC Service Date:		State Service Date:	Current Job Date:
State Minimum:		Midpoint:	Maximum:
CofC Minimum:		State Average for Class:	CofC Average for Class:
% Above CofC Minimum:		% Above State Minimum:	
Approved Amt:		Effective Date:	Approved % of increase:

Approvals:

Dept. Head/Chair: _____ **Date:** _____

VP/Dean: _____ **Date:** _____

EVP/Provost: _____ **Date:** _____

Budget: _____ **Date:** _____

President: _____ **Date:** _____

HR: _____ **Date:** _____

Notes: