



# SALARY/JOB CHANGE FORM

This form is used to change the salary or job status of an employee. To reclassify an employee you must submit a Position Form.

Current Staff: ☐ HR/PPPL Monthly Staff ☐ Correction  
☐ HR/PPPL Biweekly Staff Explain: \_\_\_\_\_

## SECTION I. EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
Last Name First Name MI

Empl ID: \_\_\_\_\_ Position #: \_\_\_\_\_ Business Unit: \_\_\_\_\_

Dept #: \_\_\_\_\_ Department: \_\_\_\_\_

## SECTION II. SALARY/JOB ACTION

Effective Date: \_\_\_\_\_ Type of Salary/Job Change: \_\_\_\_\_  
MM/DD/YY [CLICK here for Salary/Job Change Type Descriptions](#)

## SECTION III. SALARY INFORMATION

From: FTE Salary: _____	To: FTE Salary: _____
Actual Salary: _____	Actual Salary: _____
# Actual Pay Periods Per Year: _____	# Actual Pay Periods Per Year: _____
Duty Time: _____	Duty Time: _____

## SECTION IV. EXCEPTIONS

### For End Temporary Adjustment Only:

Effective Date: \_\_\_\_\_  
MM/DD/YY

Temp Adjustment End (PAY/TME)

End of temporary adjustment salary:

FTE Salary: \_\_\_\_\_  
Actual Salary: \_\_\_\_\_  
# Actual Pay Periods Per Year: \_\_\_\_\_  
Duty Time: \_\_\_\_\_

### To Extend A Term Appointment:

New estimated termination date: \_\_\_\_\_  
MM/DD/YY

### For Acting Appointments Only:

Position #: \_\_\_\_\_

Comments: \_\_\_\_\_

Authorized Department Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Human Resources Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Upon completion, please scan and email signed form to your designated HR Representative.