REQUEST FOR SALARY CHANGE FORM

Promotion ☐	Reclassification ☐	Performance ☐	Retention ☐	Special pay ☐
Transfer ☐	Additional Duties/Skills ☐		Salary Decrease ☐	(Funds <u>must</u> be available from existing budget)

Employee: _____ CWID: _____

Department: _____ Account #: _____

Current Salary: _____ New Salary: _____ %: _____

Justification Required. Please attach**:**
☑ **Memo/position description** ☑ **Transcript and/or** ☑**Other supporting documentation for this request.**

Submitted: _____ Approved: _____

_____	_____	_____	_____
Dept. Authorized Signature	Date	Sr./Vice President	Date

For Human Resources Use Only

Class Code/Slot: _____ Position Number: _____ Band/Level: _____

CofC Service Date: _____ State Service Date: _____ Job Date: _____

Range:

Band/Level Minimum: _____ Midpoint : _____ Maximum: _____

State Minimum: _____ % Above Minimum: _____

% Above Current Salary: _____ % Above C of C Minimum: _____

C of C Average for Class: _____ State Average for Class: _____

Salary Approved: _____ Effective Start date: _____

Comments:

Approved: _____

_____	_____	_____	_____
Director of Human Resources	Date	President	Date

Disapproved: _____

_____	_____	_____	_____
Director of Human Resources	Date	President	Date

Approved: _____

_____	_____
State Human Resources Representative	Date