

# POSITION/SALARY CHANGE REQUEST

(Use to request approval for changes to existing positions)

Please complete both sides of this form. Once completed, please print and submit this form and a copy of the job description to: [employment.hiring.forms@carleton.edu](mailto:employment.hiring.forms@carleton.edu). *Incomplete forms will be returned to you.*

## POSITION SPECIFICS:

TODAY'S DATE: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

Title Change:

New Title: \_\_\_\_\_

Salary Adjustment:

New Salary: \_\_\_\_\_

Classification Change:

(Please contact HR to verify change meets FLSA guidelines.)

Non-exempt to Exempt

Exempt to Non-exempt

Grade Change:

Former Grade:

New Grade:

For assistance determining a salary change or position grade contact Karyn Jeffrey, Associate Director of Human Resources at [kajeffre@carleton.edu](mailto:kajeffre@carleton.edu) or 507-222-4174.

FTE Change:

Permanent Change

Temporary Change

Increase to: \_\_\_\_\_

Decrease to: \_\_\_\_\_

If the FTE change is temporary, please provide start and end dates.

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Describe the change in work schedule: \_\_\_\_\_

End Date Extension:

New End Date: \_\_\_\_\_

Other:

Please describe requested change below:

## ADDITIONAL INFORMATION:

Budget number to charge: \_\_\_\_\_

Does the requested change reflect a change in job duties?

If yes, please email an updated job description to Human Resources at [kajeffre@carleton.edu](mailto:kajeffre@carleton.edu)

Is this change for a leave replacement?

Replacement for: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Would you like to use leave replacement funds?

(Requires approval from Human Resources)

JUSTIFICATION/COMMENTS:

Please include comments below:

POSITION/SALARY CHANGE REQUEST SUBMISSION INSTRUCTIONS:

To start the approval process, please forward the position/salary change request form to your division head.

POSITION/SALARY CHANGE REQUEST AUTHORIZATION/APPROVAL:

*With your signature below, you are verifying that all information contained on the form is correct.*

<u>APPROVING PARTIES</u>	<u>APPROVED</u> (√)	<u>DENIED</u> (√)	<u>APPROVAL</u> (INITIALS)	<u>DATE</u>
<u>Department Head (required prior to submitting)</u>				
<u>Division Head</u>				
<u>Budget Analyst</u>				
<u>Director, Human Resources</u>				
<b><u>ADMINISTRATIVE COUNCIL REVIEW</u></b> Administrative Council is required to provide authorization for all salary and FTE increases.				
<u>Administrative Council Representative</u>				

**FOR HUMAN RESOURCES USE ONLY**

Date received in Human Resources: _____				
<input type="checkbox"/>	Job Description Received	<input type="checkbox"/>	New/Revised	<input type="checkbox"/> No Changes made
<input type="checkbox"/>	Associate Director Notified (for salary and classification)		Comments: _____	
<input type="checkbox"/>	Position Change Form saved to HR electronic file			
<input type="checkbox"/>	Position Change Letter Sent:	Date:	By Whom:	