

REQUEST FOR SALARY CHANGE FORM

PROMOTION _____

RECLASSIFICATION _____

PERFORMANCE _____

RETENTION _____

TRANSFER _____

ADDITIONAL DUTIES/SKILLS _____

SALARY DECREASE _____

FUNDS MUST BE AVAILABLE FROM EXISTING BUDGET

JUSTIFICATION MEMO REQUIRED, SUPPORTING DOCUMENTATION SHOULD BE ATTACHED

EMPLOYEE:		CWID:
DEPARTMENT:		ACCOUNT #:
CURRENT SALARY:	NEW SALARY:	%:

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:

RANGES AND AVERAGES

BAND/LEVEL MINIMUM:	MIDPOINT:	MAXIMUM:
STATE MINIMUM:	% ABOVE STATE MINIMUM:	
% ABOVE CURRENT SALARY:	% ABOVE COFC MINIMUM:	
COFC AVERAGE FOR CLASS:	STATE AVERAGE FOR CLASS:	
APPROVED SALARY:	EFFECTIVE START DATE:	

COMMENTS:

APPROVAL SIGNATURES

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