



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

To Extend A Term Appointment: **For Acting Appointments Only:**
New estimated termination date: _____ Position #: _____
MM/DD/YY

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.