COMPENSATION CHANGE REQUEST AND AUTHORIZATION FORM

Department ________________________________ Date ________________

Employee Name: ___________________________ Title / Position: ______________

Current pay rate: ________________________

Proposed Pay Rate: _______________________

Please explain the reasons for the proposed change:

Position is:  Full Time ☐  Part time ☐  Temporary ☐

Exempt ☐  Non-exempt ☐

Faculty ☐  Staff ☐  Student ☐

Hours per week: _________ (if less than full-time)

Effective Date: ______________ Position Account #: ________________________

Requested by: ______________________________ Date ______________

Vice President Signature: ______________________________ Date ______________

Human Resources: ______________________________ Date ______________

Treasurer’s Signature: ______________________________ Date ______________

President’s Approval: ______________________________ Date ______________

PLEASE RETURN COMPLETED FORM TO LINDSEY WERTZ IN HUMAN RESOURCES

Revised 05/06