

# REQUEST FOR SALARY AND/OR POSITION ADJUSTMENT

TM	_____
CA	_____
TG	_____
BN	_____

Employee Name \_\_\_\_\_

Employee Department (Present) \_\_\_\_\_

Employee Department (Proposed) \_\_\_\_\_

Employee will report to (supervisor): \_\_\_\_\_

Present Title \_\_\_\_\_

Proposed Title \_\_\_\_\_

Present Salary \$ \_\_\_\_\_  Annually  Hourly

Proposed Salary \$ \_\_\_\_\_  Annually  Hourly

Adjustment date will be effective the first day of \_\_\_\_\_ (month)

Approved \_\_\_\_\_  
Director or Department Chair Date

Approved \_\_\_\_\_  
Supervisor or Dean Date

Approved \_\_\_\_\_  
Administrative Officer of Division Date

Account Number: \_\_\_\_\_

If money needs transferring from another account, list account below:

\_\_\_\_\_

