



Position Change Form

Current Information

Current Working Title:	Job Family (HR Use Only):	Job Family Zone (HR Use Only):
System Title	Title Code (HR Use):	FLSA Status (HR Use):
Employee's Name:	Position Number:	Department Name:
Date:	SAP Personnel #:	Supervisor Name:

Section 1: Title Determination

Proposed Changes

Proposed Working Title:	Job Family (HR Use Only):	Job Family Zone (HR Use Only):
System Title	Position Number:	FLSA Status (HR Use):
Justification for Title Change:		Department Name:

*An updated Job Description is required to accompany this form

Section 2: Salary Determination

Justification for Salary Decision *Note: Provide sufficient detail to clearly show reasons for salary decision.*

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| Actions requiring HR approval prior to effecting action: <ul style="list-style-type: none"> <input type="checkbox"/> Demotion <input type="checkbox"/> Market Adjustment <input type="checkbox"/> Equity Adjustment <input type="checkbox"/> Other: _____ | Actions requiring HR consultation/review prior to effecting action: <ul style="list-style-type: none"> <input type="checkbox"/> Temporary Responsibility pay (limited to 20%) <input type="checkbox"/> Voluntary Reduction |
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Salary Change Information

Old rate of pay: \$ New rate of pay: \$ Percentage change: %

Effective Date: Stop date: Ôÿ •cCenter/WBSÁ

Requestor: I have consulted with HR regarding this salary action. YES NO

Requestor and Designated Unit Authority: I certify that the process used to determine this salary was made in accordance with Human Resources guidelines, FLSA, Title VII of the Civil Rights Act of 1964, ADA and other employment laws and regulations

Signatures:

Requestor (Supervisor/Manager): _____	Date: _____
Dean/Director Approval(s): _____	Date: _____
Vice Chancellor/Chancellor Approval: _____	Date: _____
Budget: (salary only) _____	Date: _____
Human Resources : _____	Date: _____