**PAY CHANGE FORM**

Payroll Use Only

MONTHLY SALARY: \_\_\_\_\_\_\_\_\_\_

HOURLY RATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

ANNUAL SALARY: \_\_\_\_\_\_\_\_\_\_\_

***All fields are required to be completed to initiate this transaction.*** *This form is used to change an employee’s compensation. Salary changes should typically be discussed with Human Resources and Accounting in advance of submission and may require special analysis to determine implications related to external and internal equity, and budget.*

DATE COMPLETED

EMPLOYEE/PAYEE ID #

EMPLOYEE/PAYEE NAME

CLASSIFICATION  FACULTY  STAFF  OTHER

DEPARTMENT

PERSON POSITION

CURRENT PAY $  PER  HOUR  MONTH  YEAR CURRENT FTE

NEW REQUESTED PAY $  PER  HOUR  MONTH  YEAR NEW FTE

EFFECTIVE DATE  \*

REASON FOR CHANGE  (ex. Internal Equity, Market, Merit, Re-Grade, FTE Change)

PERSON REQUESTING  EMAIL ADDRESS

1 GENERAL LEDGER NUMBER  PERCENT OF TOTAL

2 GENERAL LEDGER NUMBER  PERCENT OF TOTAL

\*Pay day is on the last working day of each month. PAF must be received by 15th of the month, payment will be processed in that month’s payroll. Generally, preference is to have pay changes effective 1st of month.

**Approval Signatures**

Requester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

VP/Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

Human Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

Controller/Finance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

VP Financial Affairs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign/Date)

***Requester must obtain VP/DEAN signature. After signed by both, forward to HR for further approvals.***