



## Position and Salary Action Request Form

Date:

### Section 1: Type of Request

<input type="checkbox"/> Bonus Compensation	<input type="checkbox"/> Interim Salary Adjustment (End)	<input type="checkbox"/> Market Salary Adjustment
<input type="checkbox"/> Competency Level Change	<input type="checkbox"/> IT Position Level Change	<input type="checkbox"/> Position Org Transfer
<input type="checkbox"/> Equity Salary Adjustment	<input type="checkbox"/> Lateral Transfer	<input type="checkbox"/> Position Reclassification
<input type="checkbox"/> Establish Position	<input type="checkbox"/> LEO Career Progression Step	<input type="checkbox"/> Position Title Change
<input type="checkbox"/> Extra Duty	<input type="checkbox"/> LEO Education Supplement	<input type="checkbox"/> Retention
<input type="checkbox"/> Horizontal Transfer	<input type="checkbox"/> LEO Position Change	<input type="checkbox"/> Other
<input type="checkbox"/> Interim Salary Adjustment (Begin)	<input type="checkbox"/> Mandatory Status	

### Section 2: Employee/E-Class/Position Details

FTE: ☐ Full-Time ☐ Part-Time FLSA: ☐ Exempt ☐ Non-Exempt Employee Class Type:

Employee Name:

Banner ID:

Current Classification Title:

Position Number:

Proposed Classification Title:

Proposed Position Number:

Current Competency Level:

Anticipated Effective Date:

Proposed Competency Level:

Supervisor Position Number:

Supervisor Name:

Division:

Department:

Salary Change Detail							
Annual	Monthly	One Time Payment	Amount	Number of Installments:		Total Payment:	
Current Salary:		Proposed Salary:		Amount of Salary Change:		Percent of Salary Change:	

### Section 3: Justification (brief statement or submit justification memo)

--

### Section 4: Budget Information ☐ Auxiliary Funds ☐ Grant ☐ Non-State Funds ☐ State Funds

% Funding Allocation	Amount	Fund	Org	Account	Program

Total Amount:

Total %

### Section 5: Approval Signatures

#### Human Resources Signatures

	Name	Signature	Date		Name	Signature	Date
Chancellor (if applicable)				Class and Comp	Sheila Wright Zeigler		
COO (if applicable)				HRIS	Sharon Soles		
CFO (if applicable)				Records	Jaquavius Truesdale		
Supervisor/Manager							
Department/Unit Head							
Provost							
Vice Chancellor							
Division Budget Authority							
Budget/Contracts and Grants Office							

**\*Important: Final effective dates are determined by the Office of Human Resources**