



Request for Salary Increase/Position Reclassification

This form should be used to request a change in an employee's salary or position title. This request may be submitted at any time. The effective date of salary change or job reclassification will occur on the pay period following the final approval of this request.

TYPE OF REQUEST:

Position Reclassification	Increase in Job Responsibilities
Internal Equity Review	Retention
Labor Market Review	

INCUMBENT INFORMATION:

Incumbent's Name:

Incumbent's Current Salary:

Requested Salary (if applicable):

Incumbent's Current Title:

Dept./Unit:

Work Location:

Incumbent's highest level of education:

Incumbent's years of related experience:

Supervisor's Name:

Supervisor's Title:

Does the incumbent have supervisory responsibilities? If so, please list the employees supervised.

JUSTIFICATION:

Please provide a detailed justification for this request. Temporary changes in job duties would not be justification for a permanent change in salary or a reclassification.

SUPERVISOR REVIEW:

Supervisor Signature:

Date:

Comments:

UNIT HEAD REVIEW:

Unit Head Signature:

Date:

Comments:

Note: This form and any applicable supporting documentation should be routed to Human Resources humanresources@uada.edu after review and signature by both the immediate supervisor and the Unit Head. Supervisor and Unit Head signature indicates support of the request.

HR REVIEW AND RECOMMENDATION:

HR Signature:

Date:

Comments:

SENIOR ASSOCIATE VICE PRESIDENT and/or VICE PRESIDENT DECISION:

SAVP/VP Signature:

Date:

Approved Salary (if applicable):

Approved Position title (if applicable):

Comments: