



**Request for Reclassification or Salary Adjustment Form**

**Employee Information**

Employee Name		Employee ID	
Department		Title	
Start Date		Date	

**Salary Information**

Current Salary		Proposed Salary	
Current Hourly Rate		Proposed Hourly Rate	
Effective Date		<b>Provisions have been made in the branch/school budget to accommodate the proposed salary</b>	

**Recommended By**

Employee Name (Supervisor)		Date	
Department		Title	

**Rationale for Change**

- ⚡ Promotion
- ⚡ Annual Increase
- ⚡ Other

Note: \* Job description must be attached if title and/or duties are changing.

**Circumstances / Comments Regarding Request for Increase**

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Supervisor Signature: \_\_\_\_\_



**This Section for Office Use Only**

**This Section to be Completed by Human Resources**

Current Salary	
Proposed Salary	
Date Reviewed	
Reviewed By	
Recommendations	
Comments	
Approved / Not Approved	
Signature	

**This Section to be Completed by Finance**

Approved/Denied	
Comments	
Date Reviewed	
Name	