

CHANGE REQUEST

Department Name and Number _____

Position Title: _____ *(Must Attach Job Description)*

Proposed Start Date: _____ *Ending Date (If Applicable)* _____

Funding Source _____ *Acct. #* _____

Type: Faculty _____ Staff _____

Regular Full-time _____ Full-time temporary _____

Part-time (under 30 hrs.) _____ Part-time temporary _____ Hrs. per Wk. _____

_____ Other, Please Describe _____

Justification for Change:

- **New Position** (*Provide brief justification*): _____

_____ **Salary Range:** _____

- **Replacement** (*Replacing who?*) _____ **Salary Range:** _____

- **Change** (*Reclassification, New Title, and/ or Salary Increase*) _____

Who: _____ **Justification:** _____

Current Salary: _____ **Suggested Salary:** _____

Request to make Change:

Human Resources _____ **Date** _____

(Review for completeness of request before submitting to President)

VP/Cabinet Member _____ **Date** _____

VP/CFO _____ **Date** _____

Decision of President: Approved _____ Denied _____ Hold _____

President's Signature _____ **Date:** _____