

POSITION/SALARY CHANGE REQUEST

(Use to request approval for changes to existing positions)

Please complete the appropriate information below by checking all boxes that apply in conjunction with your position or salary change request.

POSITION SPECIFICS:

TODAY'S DATE: _____ EMPLOYEE'S NAME: _____

EFFECTIVE DATE OF CHANGE: _____

<u>Title Change:</u>	New Title: _____	
<u>Salary Adjustment:</u>	New Salary: _____	
<u>Classification Change:</u> <small>(Please contact HR to verify change meets FLSA guidelines.)</small>	Non-exempt to Exempt	Exempt to Non-exempt
<u>Grade Change:</u>	Old Grade: _____	New Grade: _____
<u>FTE Change:</u>	Permanent Change	Temporary Change
	Increase to: _____	Decrease to: _____
	If the FTE change is temporary, please provide start and end dates.	
	Start Date: _____	End Date: _____
	Describe the change in work schedule: _____	
<u>End Date Extension:</u>	New End Date: _____	
<u>Other:</u>	Please describe requested change below:	

ADDITIONAL INFORMATION:

Budget number to charge: _____ <small>(Only required for requests that result in a salary increase)</small>	
Does the requested change reflect a change in job duties?	If yes, please send an updated job description to Human Resources at kajeffre@carleton.edu .
Is this change for a leave replacement?	Replacement for: _____ Start Date: _____ End Date: _____ Would you like to use leave replacement funds? <small>(Requires approval from Human Resources)</small>

JUSTIFICATION/COMMENTS:

Please include comments below:

POSITION/SALARY CHANGE REQUEST SUBMISSION INSTRUCTIONS:

To start the approval process, please forward the position/salary change request form to your division head.

For assistance updating a job description, determining a salary change or position grade, please contact Karyn Jeffrey, Associate Director of Human Resources, at kajeffre@carleton.edu.

POSITION/SALARY CHANGE REQUEST AUTHORIZATION/APPROVAL:

With your signature below, you are verifying that all information contained on the form is correct.

<u>APPROVING PARTIES</u>	<u>APPROVED</u> (√)	<u>DENIED</u> (√)	<u>APPROVAL</u> (INITIALS)	<u>DATE</u>
<u>Department Head</u>				
<u>Division Head</u>				
<u>Budget Analyst</u>				
<u>Director, Human Resources</u>				
ADMINISTRATIVE COUNCIL REVIEW Administrative Council is required to provide authorization for all salary and FTE increases.				
<u>Administrative Council Representative</u>				

FOR HUMAN RESOURCES USE ONLY

Date received in Human Resources: _____

Job Description Received	<input type="checkbox"/>	New/Revised	<input type="checkbox"/>	No Changes made
Associate Director Notified (for salary and classification)		Comments:	_____	
Copy made for Hiring Approval Form Book and flagged				
Position posted on Advertising Record				
Position Change Letter Sent:	Date:	By Whom:		