

## Salary Change / Payment Authorization Form (Return to Human Resources)

Employee Name (Last, First): \_\_\_\_\_ CWID: \_\_\_\_\_

Department: \_\_\_\_\_ Budget Center # \_\_\_\_\_

Effective Date: \_\_\_\_\_

**PART A - Base Pay Adjustments**

*(Complete All Fields)*

Current Information ("From")

Proposed Information ("To")

Position #:		
Job Title:		
Grade:		
Hourly Rate:		
Annual Salary:		
Months Per Year <i>(If less than 12 months, also list specific months)</i>		
Scheduled Hours Per Week:		
Supervisor:		

Basis for Change (Select One):      Promotion:      Demotion:      Other: \_\_\_\_\_

Leave: \_\_\_\_\_

**PART B - Base Stipend Payments**

Amount of Payment Per Month: \_\_\_\_\_

Position #: \_\_\_\_\_      Pay Period Start: \_\_\_\_\_

Pay Period End: \_\_\_\_\_

Budget to be charged: (Required)

Index: _____	Acct: _____	Percent: _____
Index: _____	Acct: _____	Percent: _____
Index: _____	Acct: _____	Percent: _____
Index: _____	Acct: _____	Percent: _____
Total %: _____		

Comments/Additional Details:

Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Print Name)*

Budget Center Manager/Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Print Name)*

Division Head/Provost: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Print Name)*

Human Resources: _____	Date: _____	
Budget Office: _____	Date: _____	FTE: _____
Grants Office: _____	Date: _____	