

Approval for Employee/Job Change

Use this form to request approval of any employee or job change request. Contact your HR Partner to discuss your needs and initiate the request. You and your HR Partner will complete this form and prepare it for approval.

Section 1: Department and Contact Information

Department Name:

Supervisor Organization ID:

Supervisor Organization Manager (person whom the person reports to):

HR Partner:

Section 2: Change Request

Employee Name:

Position Number:

EE ID:

Permanent Change?

Effective Date:

Temporary Change?

End Date if Temporary:

Current Salary:

Requested New Salary:

Current Official Title and Job Code:

Current Working Title:

Current Funding (please include for all requests):

Funding Percentage:

Requested Official Title and Job Code:

Requested Working Title:

Section 3: Justification for Request (Additional pages may be attached, if needed)

Approval for Employee /Job Change

Section 4: Approvals

Approver 1: _____ Date _____

Approver 2: _____ Date _____

Approver 3: _____ Date _____

Approver 4: _____ Date _____

Approver 5: _____ Date _____

Approver 6: _____ Date _____

If denied, reason for denial: