

**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. Your HR Partner will assist in routing this form to the appropriate approvers. Section 2 will require all approval signatures. Section 3 requires all approval signatures except that of the President.

**Section 1: Department and Contact Information**

<b>Department Name:</b>		<b>Department ID:</b>	
<b>Dept Manager (the person whom the person reports to):</b>		<b>Dept Manager contact information:</b>	Phone Number:
			Email:
<b>HR Partner:</b>		<b>HR Partner contact information:</b>	Phone Number:
			Email:

**Section 2: Change Request – Pay and Funding Related (complete all sections that are applicable)**

<b>Employee Name:</b>		<b>EE ID:</b>		<b>Effective Date:</b>	
		<b>Empl Rec:</b>			
<b>Type of Action:</b>		<b>Permanent Change?</b>		<b>Temporary Change?</b>	<b>End Date if Temp:</b>
<b>Current Salary:</b>		<b>New Salary:</b>			
<b>Current Salary Range:</b>		<b>Requested Salary Range:</b>		<b>ESR Requested?</b>	
<b>Current FTE:</b>		<b>New FTE:</b>		<b>Current Job End Date:</b>	
<b>Overload/Lump Sum Amount:</b>		<b>Payment Cycle/Frequency:</b>		<b>New Job End Date:</b>	
				<b>Start Date:</b>	
<b>Current Official Title and Job Code:</b>				<b>End Date:</b>	
<b>Requested Official Title and Job Code:</b>				<b>Current Working Title:</b>	
				<b>Requested Working Title:</b>	
<b>Current Funding (please include for all requests)</b>				<b>Funding Percentage:</b>	

**Section 3: Change Request – Non-Pay Related (complete all sections that are applicable)**

<b>Employee Name:</b>		<b>EE ID:</b>		<b>Effective Date:</b>	
		<b>Empl Rec:</b>			
<b>Type of Action:</b>		<b>Permanent Change?</b>		<b>Temporary Change?</b>	<b>End Date if Temp/Term:</b>
<b>If separation, separation reason:</b>		<b>Current Dept:</b>		<b>New Dept:</b>	
<b>Current Supervisor:</b>		<b>New Supervisor:</b>			
		<b>New Supervisor Empl ID:</b>			
		<b>New Supervisor Position #:</b>			

<b>Current Time &amp; Labor Approver and Empl ID:</b>		<b>New Time &amp; Labor Approver and Empl ID:</b>	
<b>Back-up Approver and Empl ID:</b>		<b>New Back-up Approver and Empl ID:</b>	
<b>Current Funding:</b>		<b>New Funding:</b>	
<b>Current %:</b>		<b>New %:</b>	

**Section 4: Justification For Request (additional pages may be attached, if needed)**

When writing your justification, consider the following:

- Why is this change needed?
- How does this change fit within the [President's 10 Key Budget Initiatives?](#)
- What alternatives have been considered in the decision.
- If this is a pay adjustment, you may also need HR/Compensation to assist with salary comparables, etc.
- If this is a promotion, please make sure to include an updated position description.

**Section 5: Approvals**

<b>Department Manager</b>		<b>Date</b>	
<b>HR Partner</b>		<b>Date</b>	
<b>Budget Office</b>		<b>Date</b>	
<b>Financial Administration</b>		<b>Date</b>	
<b>Division Head</b> (e.g. VP, Chief Legal)		<b>Date</b>	
<b>UWSA CHRO</b>		<b>Date</b>	
<b>UW System President</b>		<b>Date</b>	

**If Denied, reason for denial:**