



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										
Department Name:						Department ID:				
Dept Manager (the person whom the person reports)						Dept Manager contact information:		Phone Number:		
								Email:		
HR Partner:						HR Partner contact information:		Phone Number:		
								Email:		
Section 2: Change Request – Pay and Funding Related (complete all sections that are applicable)										
Employee Name:					EE ID:				Effective Date:	
					Empl Rec:					
Type of Action:					Temporary Change?				End Date if Temp:	
					Permanent Change?					
Current Salary:						Requested New Salary:				
Current Salary Range:						Requested Salary Range				ESR Requested?
Current FTE:		New FTE:				Current Job End Date:				New Job End Date:
Overload/Lump Sum Amount:				Payment Cycle/Frequency:				Start Date:		
								End Date:		
Current Official Title and Job Code:						Current Working Title:				
Requested Official Title and Job Code:						Requested Working Title:				
Position of Trust?						Reason for Position of Trust:				
Current Funding (please include for all requests):						Funding Percentage:				

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

Employee Name:				EE ID:				
				Empl Rec:				
Type of Action:						Effective Date:		
Permanent Change			Temp Change End Date:		If separation, reason:			
Temporary Change?								
If Location change:	Current Location			New Location			Room / Suite	
If Department change:		Current Dept:				New Dept:		
Position of Trust (POT) update:				If Adding POT, reason:				
Current Supervisor:				New Supervisor:				
				New Supervisor Empl ID:				
				New Supervisor Position #:				
Current T/L Approver and Empl ID:				New T/ L Approver and Empl ID:				
Back-up T/L Approver and Empl ID:				New Back-up T/L Approver and Empl ID:				
Current Funding:				New Funding:				
Current %:				New %:				

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 position support [UW System's Core Values](#) and [UW System's Strategic Plan](#)?
- What alternatives have been considered in the decision.
- If this is a pay adjustment, you may also need HR/Compensation to assist with salary compensation analysis, etc.
- If this is a promotion, please make sure to include an updated position description.

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Section 5: Approvals			
AVP or Equivalent (e.g. Executive Director, Deputy)		Date	
HR Partner		Date	
Budget Office		Date	
Financial Administration		Date	
Division Head (e.g. VP, Chief Legal, Direct Report to President)		Date	
UWSA CHRO		Date	
VP of Finance & Administration		Date	
UW System President		Date	

If denied, reason for denial: