

Last Name	First Name	Middle Initial	Department Name	Department #	Mail Code

Employee ID Number	Position Number	PageUp System Number (if applicable)	Work Location (COLA Only)	Effective Date
		PD-		

**This form is only used for updates to existing positions. Actions involving a new position are to be completed in PageUp
(Exception: Demotion/Discipline/Performance actions)**

	Original / Present	Requested
Faculty Rank or Staff Role Title*		Not Applicable, PageUp Offer Required
Job Title*		
Base Salary	\$	\$
Administrative Stipend (Greater than one year)	\$	\$
Temporary Pay (Less than a year)	\$	\$ End Date: _____
Faculty Eminent Scholar Stipend +	\$	\$
Cost of Living Stipend	\$	\$
Staff In-Band Bonus (One Time Payment)	\$	\$
Staff In-Band Adjustment (Change to Base Pay)	\$	\$
Staff Shift Differential	\$	\$
Total Annual Salary	\$	\$ % Change: _____

<p><u>Salary Adjustment – Increase</u></p> <input type="checkbox"/> Market Competitiveness (F) <input type="checkbox"/> Retention (F) <input type="checkbox"/> Internal Alignment/Equity (F) <input type="checkbox"/> VISA Action (Explain Below) (F) <input type="checkbox"/> Shift Differential (S)	<p><u>Salary Adjustment – Decrease</u></p> <input type="checkbox"/> Decreased Responsibilities (S or F) <input type="checkbox"/> Disciplinary Action (S) <input type="checkbox"/> Remove Stipend/Shift Differential (S or F)	<p><u>Other Actions +</u></p> <input type="checkbox"/> Demotion/Discipline/Performance (S or F) <input type="checkbox"/> Organization Transfer* (S or F) Same Position Number Only From: _____ To: _____ Dept # Dept # <input type="checkbox"/> Other – Provide explanation below
<p><u>In-Band Submittal</u> (mark one and provide detailed explanation below):</p> <input type="checkbox"/> Alignment (S) <input type="checkbox"/> Change of Duties* (S) <input type="checkbox"/> New Knowledge, Skills, Abilities, Certifications (S) <input type="checkbox"/> Retention (S)	<p><u>Changes in Appointment (S or F) +</u></p> <input type="checkbox"/> AY to CY Appointment* <input type="checkbox"/> CY to AY Appointment* <input type="checkbox"/> Regular to Restricted* <input type="checkbox"/> Restricted to Regular* <input type="checkbox"/> Change in % of Time* _____ to _____ <input type="checkbox"/> Research Extended Appointment @ conversion factor _____ (F)	<p><u>Mobile Communications Allowance (S or F) +</u></p> <input type="checkbox"/> Added <input type="checkbox"/> Removed Monthly Amount: _____
		<p><u>Remote Work Location Allowance (S or F) +</u></p> <input type="checkbox"/> Added <input type="checkbox"/> Removed

(S): Staff (F): Faculty
+ : Compensation Approval Not Required

*** Requires an update to the PD in PageUp**

Comments, Explanation for Request and/or Market Comparison Data:

Funding Information				
Dept #		Fund #	Activity Code	%

Additional space needed - List in comments section

Required	Dept Head or Director	_____	_____	_____
		Print Name	Signature	Date
	Senior Management	_____	_____	_____
		Print Name	Signature	Date
If Research	Compensation Unless Marked (+)	_____	_____	_____
		Print Name	Signature	Date
	Human Resources	_____	_____	_____
		Print Name	Signature	Date
If >20% Salary Increase	OVPRI	_____	_____	_____
		Print Name	Signature	Date
	Dean/VP	_____	_____	_____
		Print Name	Signature	Date