

## THE COLLEGE JOB PROFILE/BUSINESS TITLE/SALARY CHANGE REQUEST

Check all that apply:    **JOB PROFILE**    **SALARY/HOURLY RATE**    **BUSINESS TITLE**    **FTE**

Supervisory Organization Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

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

**(Attach copy of resume and current/proposed functional list of job duties)**

CURRENT POSITION	PROPOSED ACTION
BUSINESS TITLE: _____	BUSINESS TITLE: _____
EMPL TYPE: _____	EMPL TYPE: _____
JOB PROFILE: _____	JOB PROFILE: _____
POSITION # _____	POSITION # _____
CURRENT SALARY: _____	NEW SALARY: _____ % INCREASE _____ %
CURRENT FTE: _____	NEW FTE: _____
Cost Center/Program _____ %	Cost Center/Program _____ %
Cost Center/Program _____ %	Cost Center/Program _____ %
Cost Center/Program _____ %	Cost Center/Program _____ %

### JUSTIFICATION FOR CHANGE:

\_\_\_\_\_  
Contact Name (PLEASE PRINT)

\_\_\_\_\_  
Phone/Fax

\_\_\_\_\_  
Department Chair/Director Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
The College Divisional Director Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
The College Dean Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*When approved, form will be returned to the unit. Please process updates/changes in Workday via edit position restrictions and job change/compensation change.**