

THE COLLEGE PROMOTION/SALARY ACTION REQUEST

The College of Liberal Arts and Scien	nces Sup Org:		Dept Code:	
Employee Name:		Employee ID:		
Effective Date:				
(Attach copy of resume and	current/proposed func	tional list of job d	uties)	
CURRENT POSITION	ON		PROPOSED ACTION	
JOB TITLE:		JOB TITLE:		
EMPL TYPE:		EMPL TYPE:		
JOB PROFILE: POSITION #		JOB PROFILE: POSITION #		
CURRENT SALARY:		NEW SALARY:	% INCREASE	%
CURRENT FTE:		NEW FTE:	// INCREASE	
Cost Center/Program				%
Cost Center/Program				
Cost Center/Program				
JUSTIFICATION FOR CHA	NGE.			
Contact Name (PLEASE PRINT)	Ph	one/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 job change/compensation change and/or position restrictions. 02/2025