

**Employee Position Change/Wage Adjustment**

Please complete the information below for change in job title or wage adjustment:

**Name of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.**

**Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office:**

**Effective Date of Pay Adjustment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hourly or Salaried: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay:**

**Replacement Position: \_\_\_\_\_\_\_ New Position: \_\_\_\_\_\_\_ Charge to account number:**

**Reason for Position Change/Wage Adjustment:**

**Approval of Department VP: Date**

**Approval of VP of Business Affairs: Date**

**Approval of the President: Date**