Recruitment and/or Pay Readjustment Request Form

This form is to be initiated by the supervisor or manager responsible for the department and then submitted up the chain of command within the department. In addition to completion of the form, please attach documentation and analysis that substantiates the need for the position/request /change (i.e. budget, current staff members to courses, grant funding, etc.), a copy of the updated job description for the position, and justification for the request.

HR will not act upon any requests if not fully complete

Request Initiated by:			
Position Title/Employee Name:			-
Class Teaching:	Day(s):	Time(s): _	
Is this position a for-credit teaching position? Yes _	No		
(Check appropriate) Request for: replacement	new position	pay adjustment	contract extension?
If a replacement, please indicate for whom:			
Please confirm that the job description is current for the role and is attached.			
Start Date: End Date:			
RATE OF PAY: (fill in ONE hourly or salary) Hourly: \$/hour @ Or Salary: \$		Total	\$
Signature of Requesting Manager: Signature of Requesting Manager's Supervisor(s):			
Signature of Current Employee's Supervisor(s):			
Signature of Budget Director (Required):		Da	te:
Fund Code Line Item:			
Chief Financial Officer:			vate:
Funds exist to support this reques	t (check one):	Yes	No
Chief of Staff's Signature:			Date:
President's Signature:		Da	ate:
**Please email a list of the individuals to be included Manager - Ensure the following are complete & attack All signatures provided as required above Update	ched prior to submi	tting to HR:	

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