

TITLE/ SALARY/ WAGE CHANGE FORM

Department _____ Date _____

Account No.	Employee	-	Position	Change	
				From	To

Reason for change

<input type="checkbox"/> promotion*	<input type="checkbox"/> merit increase
<input type="checkbox"/> job redefined*	<input type="checkbox"/> probationary increase
<input type="checkbox"/> position change*	

*Attach job description if appropriate

Explanation of change _____

Date employed _____ Starting wage _____

Proposed effective date _____ Last increase _____

Recommended by _____ Date _____
Department Head

Approved by _____ Date _____
Vice President for Administration

Approved by _____ Date _____
Vice President & Controller

Approved by _____ Date _____
President