

PROMOTION/POSITION CHANGE REQUEST FORM

Budget Organization: _____

Employee Name: _____

Current Position Title: _____

New Position Title: _____

Effective Date: _____

Current Salary and Benefit Costs:

Total Estimated Annual Salary \$ _____

Fringe Benefits Cost (\$10,000+15% of salary) \$ _____

Total Salary and Benefits Cost \$ _____

Proposed Promotion/Change Salary and Benefit Costs:

Total Estimated Annual Salary \$ _____

Fringe Benefits Cost (\$10,000+15% of salary) \$ _____

Total Salary and Benefits Cost \$ _____

Proposed Increase/Decrease Salary and Benefit Costs:

Total Increase/Decrease \$ _____

Funding Source(s): Fund: _____ Org: _____

Justification: Describe below:
