



SALARY/JOB CHANGE FORM

This form is used to change the salary or job status of an employee. To reclassify an employee you must submit a Position Form.

Current Staff: HR/PPPL Monthly Staff Correction
 HR/PPPL Biweekly Staff Explain: _____

SECTION I. EMPLOYEE INFORMATION

Employee Name: _____
Last Name First Name MI

Empl ID: _____ Dept #: _____ Department: _____ Business Unit: (drop down)

SECTION II. SALARY/JOB ACTION

Effective Date: _____ Type of Salary/Job Change: (drop down)
MM/DD/YY

To extend a term appointment: For _____ Acting Appointments only:

New estimated termination date: _____ Position # _____
MM/DD/YY
 Est. Duration of Acting Appointment: _____

SECTION III. SALARY INFORMATION

From: FTE Salary: _____	To: FTE Salary: _____
Actual Salary: _____	Actual Salary: _____
# Actual Pay Periods: _____ (per year)	# Actual Pay Periods: _____ (per year)
Duty Time: _____	Duty Time: _____

Comments: _____

 Authorized Department Signature Date

 Authorized Human Resources Signature Date

 Print Name

Fax or mail to your Office of Human Resources:

- Main Campus HR – 8-2420, 2 New South
- PPPL Human Resources - 243-2050, MS33 C-Site