

Effective Date: \_\_\_\_\_

**UPG HR&D Change Request Form**

- New Hire   
  Rehire   
  Promotion   
  Transfer   
  Annual Merit   
 Bonus   
 Term/Severance  
 Salary Adjustment   
 Market Adjustment   
 Reclassification   
 Information Change   
 Other

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please use a separate sheet for additional comments.*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City/State//Zip: \_\_\_\_\_

**Position:** \_\_\_\_\_ **Div/Dept** \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Pay change details:**  Salary  Bonus  Incentive Information

Current: \$ \_\_\_\_\_ New: \$ \_\_\_\_\_ Per:  YR  HR % of Change \_\_\_\_\_

PTAEO: \_\_\_\_\_ New BRETJ Amount: \$ \_\_\_\_\_

Bonus Amount: \$ \_\_\_\_\_ Gross Up:  Yes  No If Yes: Net Amount to Employee \$ \_\_\_\_\_

Budgeted:  Yes  No Reason for Check: \_\_\_\_\_

*Please submit to HR&D Department for Approval and Processing*

**FOR HUMAN RESOURCES USE ONLY**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Benefits Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Payroll Use Only</b>
_____ Process as Pay #
_____ Date Paid