

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: _____ Position #: _____ Business Unit: _____

Dept #: _____ Department: _____

SECTION II. SALARY/JOB ACTION

Effective Date: _____ Type of Salary/Job Change: _____
MM/DD/YY [CLICK here for Salary/Job Change Type Descriptions](#)

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: _____

SECTION IV. EXCEPTIONS

To Extend A Term Appointment:

New estimated termination date: _____
MM/DD/YY

For Acting Appointments Only:

Position #: _____

Comments: _____

Authorized Department Signature Date

Authorized Human Resources Signature Date

Print Name

Upon completion, please scan and email signed form to your designated HR Representative.