



# PAY CHANGE

<u>Department</u>
O - _____

**If not typed, use black or blue ink. White paper only.**

Prepared By _____	Phone _____	Date _____
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UMS policy provisions may require significant lead time to accomplish and implement a proposed pay change. A proposed pay change should not be expected by the employee until OHR confirms final approval. Please carefully review the form instructions.

Effective Date \_\_\_/\_\_\_/\_\_\_     Hourly     Salaried     Faculty     GA    Current Position # \_\_\_\_\_

1	Prefix	First Name	Middle I	Last Name	Suffix	MaineStreet ID #
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2	<b>Proposed Pay Change Reason (Some of the following actions will also result in a change in the employee's benefit level or eligibility.)</b>					
<input type="checkbox"/> Promotion <input type="checkbox"/> Hours worked per week <input type="checkbox"/> Work Year/Work Schedule <input type="checkbox"/> Reclassification* <input type="checkbox"/> Stipend <input type="checkbox"/> 680 (Less than 9 mos.) <input type="checkbox"/> 685 (Hourly employees, regardless of duration) <input type="checkbox"/> 690 (9 mos. or longer) <input type="checkbox"/> 691 (Named chair or professorship)		<input type="checkbox"/> Benefits Regular* <input type="checkbox"/> Step Progression <input type="checkbox"/> Partial/ Phased Retire* <input type="checkbox"/> Demotion <input type="checkbox"/> Equity		Other Reason:  Additional information (Please attach any applicable written recommendations/justifications to support the requested action):		
* Requires additional form.						

Position Data Change (enter only those fields that should change)				New Position # _____	
3	New Supervisor Position #	New Job Code	New Supervision Level	New Schedule	New Employee Class
4	Months in New Work Year	New Work Year			New Union Code
		Begins:		Ends:	
5	New Annual Salary \$	New Rate: <input type="checkbox"/> Monthly or <input type="checkbox"/> Hourly		Stipend Amount: <input type="checkbox"/> Biweekly: \$ <input type="checkbox"/> Annual: \$ <input type="checkbox"/> Monthly: \$	
		\$		<input type="checkbox"/> Total (Temp. Stipend only): \$	
6	New Campus Address				New Campus Phone #
7	Title			Stipend Assignment Duration	
			Begins:		Ends:

*If there are account changes, please also attach an earnings distribution form.*

Initiating Administrator _____	Date _____	Recommended _____	Date _____
Recommended _____	Date _____	Equal Opportunity _____	Date _____
		(for salary changes requiring approval beyond the campus)	
Recommended _____	Date _____	Recommended/Approved _____	Date _____

HR Use Only			
Job Family:	Salary Band:	Date of Position Mgmt. Change:	
		Service and Maintenance	
University Seniority	Campus Seniority	University Seniority:	