

SEATTLEU

Request for Wage Change

Please submit completed form to HRForms@seattleu.edu for approval and processing.

Requestor Name:	Request Date:
Staff Member Name: _____	Staff Member SU ID: _____

The primary purpose for this change request is (select one):

Other: _____

Required fields are indicated by an asterisk (*)	Current State		Proposed Change	
Title*				
Department Name*				
Department Code*				
Hours Worked Per Week*				
Hours Worked Per Day*	Monday: Tuesday: Wednesday:	Thursday: Friday:	Monday: Tuesday: Wednesday:	Thursday: Friday:
Months Worked Per Year*				
<small>If working less than 12 months per year, please list month(s) off.</small>				
Annual Salary Amt or Hourly Rate			% Change:	
Market Reference Range (MRR)*				
GL Number*				
<small>Additional GL and percentage if not 100%</small>				
Supervisor*				
Effective Date of Change*				

For HR use only:	Current State	Proposed Change
FLSA Status		
FTE		
Vacation Accrual		
Short Title		

Required Approvals:

Direct Supervisor:

Budget Manager:

Department Head:

Provost/CFO*:

*Signature required for divisions and departments rolling up to the Provost & CFO.

Please submit signed form to HRForms@seattleu.edu for approval and processing.

Human Resources: