

Wage Change Form Instructions

Incomplete forms cannot be processed and will be returned for any missing required information or signatures.

Begin by filling out the name of the manager responsible for the employee for whom the change is being requested.

Colleague ID of the staff member for whom the change is being requested.

Manager Name: <input type="text"/>	Request Date: <input type="text"/>
Staff Member Name: <input type="text"/>	Employee ID: <input type="text"/>

Name of the staff member for whom the change is being requested.

I have engaged with my Human Resources Director, and this form is reflective of that conversation:

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

Other:

ne):

- Select
- Reclassification
- Promotion
- Movement in salary (equity change)
- Demotion
- Other

Choose the purpose for the change form from the drop-down options. If none are appropriate, choose "other" and write the reason on the line under the dropdown.

By clicking "Yes" at this step, you are confirming that you have engaged with the Human Resources Director for your department.

NOTE: All sections must be completed. For example, even if the Title isn't changing from the Current State, the Proposed Change side must include the same information, "no change" or "same".

List the number of hours that the staff member works per day.

	Current State		Proposed Change	
Title				
Department Name				
Department Code				
Hours Worked Per Week				
Hours Worked Per Day	Monday: <input type="text"/> Tuesday: <input type="text"/> Wednesday: <input type="text"/>	Thursday: <input type="text"/> Friday: <input type="text"/>	Monday: <input type="text"/> Tuesday: <input type="text"/> Wednesday: <input type="text"/>	Thursday: <input type="text"/> Friday: <input type="text"/>
Months Worked Per Year				
<small>If working less than 12 months per year, please list month(s) off</small>				
Salary or Hourly Rate				
Market Reference Range (MRR)	N/A <input type="text"/>		N/A <input type="text"/>	
GL Number				
Additional GL				
Effective Date of Change				

Note the date that you would like the requested change to be effective.

If the staff member for whom a change is being requested works less than 12 months per year, please list the months that the staff member does not work.

All signatures in this section are required.

If the pay increase requested is 6% or above, the Dean/Vice President/Division Leader signature is required.

Required Approvals:


Direct Manager*: 

Budget Manager*: 

Department Head*: 

Provost/EVP/CFO*: 

Pay increase of 6% or above:

Dean/Vice President/Division Leader: 

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

Human Resources: 

Once all the necessary signatures have been obtained by the requestor, please send to hr@seattleu.edu for HR Director approval and processing. Once the HR Director has approved the change, they will sign and the change and form can be processed.