

# PAYROLL CHANGE REQUEST

<b>Section A</b>	<b>EMPLOYEE INFORMATION</b>
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Name \_\_\_\_\_ Red ID # \_\_\_\_\_

Department Name \_\_\_\_\_ Date \_\_\_\_\_

<b>Section B</b>	<b>PAY RATE CHANGE ONLY</b>
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**Pay Rate:** (check one) ☐ **INCREASE** ☐ **DECREASE** **END OF INTRODUCTORY** *(full-time only)*

Effective Date \_\_\_\_\_ Retro: ☐ YES ☐ NO Date of Last Pay Rate Increase \_\_\_\_\_

Current Pay Rate \_\_\_\_\_ Current Range \_\_\_\_\_ Step # \_\_\_\_\_

New Pay Rate \_\_\_\_\_ New Range \_\_\_\_\_ Step # \_\_\_\_\_

Labor Accounts Affected \_\_\_\_\_

Executive Director Signature (if required)

\*\*All Pay Changes must include an evaluation form or explanation letter for pay rate change.  
Executive Director signature required for all full-time pay rate changes.

<b>Section C</b>	<input type="checkbox"/> <b>CLASSIFICATION CHANGE</b> <input type="checkbox"/> <b>CORRECTION</b> <input type="checkbox"/> <b>HOME DEPARTMENT CHANGE</b> <input type="checkbox"/> <b>LABOR ACCOUNT ADDITION</b> <input type="checkbox"/> <b>PROMOTION &amp; PAY RATE INCREASE</b> <input type="checkbox"/> <b>LABOR ACCOUNT REMOVAL</b>
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Effective Date \_\_\_\_\_ Check One If Applicable: ☐ New Assignment ☐ Promotion ☐ Other \_\_\_\_\_

Current Job Title \_\_\_\_\_ New Job Title \_\_\_\_\_

Current Home Labor Account \_\_\_\_\_ New Home Labor Account \_\_\_\_\_

Current Pay Rate \_\_\_\_\_ Current Range \_\_\_\_\_ Step # \_\_\_\_\_

New Pay Rate \_\_\_\_\_ New Range \_\_\_\_\_ Step # \_\_\_\_\_

Additional Labor Accounts \_\_\_\_\_ Pay Rate \_\_\_\_\_ Range \_\_\_\_\_ Step # \_\_\_\_\_

\_\_\_\_\_ Pay Rate \_\_\_\_\_ Range \_\_\_\_\_ Step # \_\_\_\_\_

Labor Accounts to be Removed \_\_\_\_\_

Background check completed (if applicable) Date \_\_\_\_\_ Live Scan completed (if applicable) date: \_\_\_\_\_

<b>Section D</b>	<b>MISCELLANEOUS CHANGE</b> Effective Date _____
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☐ **SDSU Student Status Change**

Note: Approval from the Human Resources Manager is required.

Not enrolled at SDSU, effective date \_\_\_\_\_

Enrolled at SDSU, effective date \_\_\_\_\_

☐ Entire Locator is Exempt

☐ Individual Exemption

☐ Other College Student

☐ UCSD Student

HR Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ **A.S. Driver Designation Change**

A.S. Driver? ☐ YES ☐ No

☐ **Supervisory Status Change**

A.S. Supervisor? ☐ YES ☐ No

<b>Section E</b>	<b>APPROVAL SIGNATURES</b>
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Lead/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager/Director Signature \_\_\_\_\_ Date \_\_\_\_\_