

PAYROLL CHANGE REQUEST

Section A	EMPLOYEE INFORMATION
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Name _____ Red ID # _____
 Department Name _____ Date _____

Section B	PAY RATE CHANGE ONLY
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Pay Rate: (check one) **INCREASE** **DECREASE** Must include an evaluation form or explanation letter for pay rate change. Executive Director signature required for all full-time pay rate changes.

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 by the Pay Rate Change _____

Executive Director Signature (if required)

Section C	<input type="checkbox"/> CLASSIFICATION CHANGE <input type="checkbox"/> CORRECTION <input type="checkbox"/> HOME DEPARTMENT CHANGE <input type="checkbox"/> LABOR ACCOUNT ADDITION <input type="checkbox"/> PROMOTION & PAY RATE INCREASE <input type="checkbox"/> LABOR ACCOUNT REMOVAL
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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: _____

Section D	MISCELLANEOUS CHANGE Effective Date _____
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<input type="checkbox"/> SDSU Student Status Change <small>Note: Approval from the Human Resources Manager is required.</small> Not enrolled at SDSU, effective date _____ Enrolled at SDSU, effective date _____ <input type="checkbox"/> Entire Locator is Exempt <input type="checkbox"/> Individual Exemption <input type="checkbox"/> Other College Student <input type="checkbox"/> UCSD Student HR Approval Signature _____ Date _____	<input type="checkbox"/> A.S. Driver Designation Change A.S. Driver? <input type="checkbox"/> YES <input type="checkbox"/> No <hr/> <input type="checkbox"/> Supervisory Status Change A.S. Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> No
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Section E	APPROVAL SIGNATURES
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Lead/Supervisor Signature _____ Date _____
 Manager/Director Signature _____ Date _____