



Employee Action/Compensation Form

TYPE OF CHANGE

Today's Date	<input type="checkbox"/> Compensation	<input type="checkbox"/> Reclassification/ Status (Exempt/Non-Exempt)	<input type="checkbox"/> Title Change	<input type="checkbox"/> Other
--------------	---------------------------------------	--	---------------------------------------	--------------------------------

CURRENT

Last Name	First	Middle	EE Number
Department			
Report Location			
Status	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt	Rate \$ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Year
Job Title		Supervisor	

ACTIONS/CHANGES

<input type="checkbox"/> Merit Increase	<input type="checkbox"/> FLSA Status Change (Salary/hourly)	<input type="checkbox"/> Equity Adjustment	
<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other/Comments	
Department			
Report Location			
Status	<input type="checkbox"/> Exempt (Salary)	<input type="checkbox"/> Non-Exempt (Hourly)	Rate \$ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Year
Job Title		(New) Supervisor	

COMMENTS

--	--

REQUESTOR

Requestor Name:	
-----------------	--

REQUIRED APPROVALS

Supervisor:			
	Print name	Signature	Date
Manager: (Supervisor's Direct Report)			
	Print name	Signature	Date

HR USE ONLY

% Increase	Pay Band
HR:	
	Print name Signature Date
CFO/COO/CIO:	
	Print name Signature Date
Payroll Effective Date:	

