

Budget Process Position Review Request

Date Click to select date Your Name Campus/Dept

Check This Box if Your Review Request is For an Individual Employee; complete section I below.

Check This Box if Your Review Request is For a Category of Personnel; complete section II below.
(i.e. all wrestling coaches, all attendance clerks...etc)

Review Request for Individual Employee Section I

Employee Name	Recommended Increase in Daily Rate or Annual Salary <small>If None-Leave Blank</small>	Recommended Increase to Pay Grade <small>If None-Leave Blank</small>	Recommended Increase in Days per Year <small>If None-Leave Blank</small>

Justification and Other Information. If duties are changing, include New Job Description

Review Request for Category of Employee Section II

Category <small>(i.e. all counselors)</small>	Recommended Increase in Pay Grade

Justification and Other Information. If duties are changing, include New Job Description.

For Human Resources Use Only