

REQUEST FOR STAFF JOB CHANGES

If you'd like to use this as a fillable form, please open it with Adobe

Requested by: _____ on _____
Faculty/Staff *Date*

Name: _____ UT EID: _____

I. Extension

Proposed New End Date: _____

Remove End Date? Yes No

****Note: Can only extend up to 18 months after the original end date of the appointment unless the end date is being removed.***

II. Salary Increases

Type of salary increase:

Equity

Counter Offer

Temporary Additional Duties Increase

Permanent Additional Duties

Current Salary: _____

Proposed Salary/Amount of Temporary Increase: _____

Effective Date: _____ End Date if Temporary: _____

Funding Distribution (Accounts + % of funding on each account): _____

III. Reclassification

Current UT Job Title: _____

Proposed New UT Job Title: _____

(If you need help choosing a new title, ask Le Na)

Justification for change:

If Additional Duties, Increase or Reclassification, please list current duties as listed in Workday:

Proposed Duties (e.g. new duties, and/or description of expanded scope of current duties. State if any current duties are going away, and if someone else is assigned to do them.):

Signature or Electronic Signature of Mgr. or Designee

Date

Approved by CBO or Dean

Date

Please submit this form to lbjhr@austin.utexas.edu