Southern Utah University
Cedar City, UT

EMPLOYEE POSITION/SALARY MODIFICATION

To the President:

A position/salary modification is recommended for the following employee:

Name_____

Position Title_____
(Position description must accompany any change in position title)

Classification: [] Professional [] Classified [] Faculty

Contract Period: [] Full-time [] ¾-time [] ½ -time [] Other_____
[] 9-Month [] 10-Month [] 11-Month [] 12-Month

Current Annual Salary $_____

Proposed Annual Salary $_____ Account No. _____

Account No. _____

Account No. _____

Effective Date (must be subsequent to the signing date of this form)_____

Reasons for modification are as follows:_____
_____
_____
_____

As Dean or Department Head, I hereby certify that budgeted funds are available and in the account(s) indicated above.

RECOMMENDED BY: _____
Dean or Head of Department Date

APPROVED BY: _____
Provost or Vice President Date

BUDGET APPROVAL: _____
Budget Office Date

FINAL APPROVAL: _____
President Date

ACCEPTANCE _____
Employee Date

Return completed form to Human Resources, AD 106