

FORM TO REQUEST CHANGE TO ACADEMIC APPOINTMENT

Change Salary Allocation

Change Title

Change Salary Amount

Department: _____

Faculty Supervisor: _____

Employee Name: _____

Current Appointment Date: _____

Current Salary: _____

Current Salary Allocation: _____

New Title: _____

New Salary: _____

New Charge Instructions:

Please specify which account(s) to charge this employee to and if paying from multiple accounts, please specify the percent effort to be charged to each account.

Account #1:	Acct End Date:	Amount/% effort:	Time Period
Account #2:	Acct End Date:	Amount/% effort:	Time Period
Account #3:	Acct End Date:	Amount/% effort:	Time Period

Reason for Change: _____

Comments: _____

Signatures

Faculty Supervisor / PI _____ Date _____

Jill Mesonas (Grants) _____ Date _____