

Select the following link to access an Excel version of this form [Approval for Employment Related Actions and Increases 5-1-20 \(xlsx\)](#).

**APPROVAL FOR EMPLOYMENT-RELATED ACTIONS AND INCREASES**

Please complete and submit to: [\[DETERMINE POINT OF CONTACT\]](#)  
For more information:

Please review the red comment indicators in several cells for additional information.

**Section I.**

Date:	
Completed By:	
Dean/Director/VP Requestor:	
Division/College/School:	
Request Category: (select from drop-down)	
Employee/Candidate Name	
If existing Employee, Employee ID	

**Section II - FOR ALL CLASSIFIED STAFF POSITIONS**

**(Staff Recruitment/Hire, Off-cycle/Reclass, FTE/Term Changes, Additional Pay):**

If this is for a Staff Recruitment/Hire, please note Opportunity Hire, Recruitment?		For Hires Only
New or Existing Position		
If existing position, how long was it vacant?		
Salary Min/Mid/Max		
Proposed Salary		
Home Department		
Position Number		
Term		
FTE		
System Title		
Working Title		
Exempt/ Non-Exempt		
Supervisor		
Proposed Start Date/Increase Date		
Funding Source		

**PLEASE ALSO COMPLETE SECTION VI**

**Section III. STAFF ACTIONS FOR:**

**OFF-CYCLES/RECLASSIFICATIONS, ADDITIONAL PAYS and FTE/TERM CHANGES**

PLEASE ADDRESS THE FOLLOWING:

Proposed Increase or Increase in FTE	
Please explain what additional duties are being assigned to the employee to warrant the off-cycle increase, additional pay or change in FTE:	
Response here:	
Please explain why the assignment of additional or elevated duties or change in FTE need to occur now vs at a later date:	
Response here:	

**PLEASE ALSO COMPLETE SECTION VI**

**Section IV - FOR STUDENT POSITIONS:**

Proposed Increase/Rate of Pay	
Undergraduate, Graduate, or LCOM	
Description of Selection Process:	
Description of Work:	

**PLEASE ALSO COMPLETE SECTION V**

**Section V - FOR TEMP HIRES & EXTENTIONS:**

Dates of work period:	
Rate for work duties: Please list total amount you will be paying for the duration of the work	
Are there existing staff employees who also perform this type of work?	
Description of Work:	

**PLEASE ALSO COMPLETE SECTION VI**

**Section VI. ALL POSITIONS & ACTIONS**

PLEASE ADDRESS THE FOLLOWING:

Whether the position is essential to business or academic continuity at this time and why:	
Response here:	
Whether the position provides an essential function related to the University's response to COVID-19 and why:	
Response here:	
Whether the position is essential to the health, wellbeing, and public safety of faculty, staff, and students and why:	
Response here:	
Whether there are other staff or faculty to whom the essential responsibilities could be transferred for some period of time:	
Response here:	