

Approval must be obtained prior to submitting salary action. Complete form and submit to your division coordinator. Submit approved forms to salaryactions@uci.edu, subject "PMRC Approval"

If stipend is less than 12 months or no more than 15%, select Stipend in "Request For"

If stipend exceeds 12 months or exceeds 15%, select Stipend - Exceptional Approval in "Request For"

Date of Request:		Request For:	
Employee Name:		Employee ID:	
Requestor Name:		Requestor Title:	

Current Details		Proposed Details	
Division		Division	
Department		Department	
Job Code		Job Code	
Payroll Title		Payroll Title	
Working Title		Working Title	
FTE %		FTE %	
Union		Union	
Personnel Program		Personnel Program	
FLSA Status		FLSA Status	
Grade/Step		Grade/Step	
Annual Base Salary <small>(100% FTE) If hourly, calculate annualized salary multiplying by 2088 hours/year.</small>		Stipend Percent	
Salary Range <small>(Min \$ or Step 1 - Max \$ or Top Step)</small>		Salary Range <small>(Min \$ or Step 1 - Max \$ or Top Step)</small>	
Funding Duration		Funding Duration	
Fund #		Fund #	
Externally Funded	Yes No	Externally Funded	Yes No
Supervisor Name		Supervisor Name	
Dean, Vice Chancellor or Associate Chancellor Name		Dean, Vice Chancellor or Associate Chancellor Name	

Change Summary			
Annual increase amount: <i>(100% FTE)</i>		Approx Cost for duration of assignment: <i>(100% FTE)</i>	
Effective Begin Date:		Estimated End Date:	

Department Justification:

Compensation's Input:

Division Approval:	Position Management Review Committee (PMRC) Approval:
<p>_____ Date</p> <p>Manager</p> <p>_____ Date</p> <p>Dean / Vice Chancellor / Associate Chancellor</p>	<p><input type="checkbox"/> Approve, with modification: _____</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Declined</p> <p>_____ Date</p> <p>Position Management Review Committee Co-Chair</p>