MARS HILL UNIVERSITY

Request for Change Form- Department Only

CURRENT POSITION INFORMATION			
Name		Current Dept	
Current Position		Current Budget #	
Current Rate of Pay		Effective Date	
Position Type	Exempt Status	Work Time	Pay Class
	NEW CHANGE IN	FORMATION	
NEW COMPESATION RATE	: :		
Type of Rate Change:	Old Rate	New Rate	
	\$	\$	
NEW POSITION: **must attach job description if changing positions			
Previous Title			
New Title			
Previous Dept	is Dept New Department		
Position Type	Exempt Status	Work Time	Pay Class
Remarks: (*please enter justification	n, if needed, here)		
	LEAVI		
Type of Leave	With or Without Pay		
Amount of Pay	Budget # salary is c	oming from:	
Length of Time on Leave & Remarks:			
	REQUES	TOR	
Requestor Signature:			Date:

When complete, save and email this form, along with new job description, to sramsey@mhu.edu in Human Resources, to initiate a Change Request.