

SOUTHERN UTAH UNIVERSITY
Cedar City, UT
EMPLOYEE POSITION/SALARY MODIFICATION

To the President:

We recommend this position/salary modification for:

Name _____ T Number _____

Position Title _____

Department _____

Classification: Classified Professional Faculty Executive

Contract Period: Hrs/Day Full-time ¾-time ½ -time Other _____

 Months/Year 12-Month 11-Month 10-Month 9-Month Other _____

Tenure Status (Faculty Only): ____ Tenured ____ Tenure-Track ____ Non-Tenure Track ____ Not Applicable

Current Annual Salary \$ _____ Proposed Annual Salary \$ _____

Account No. _____ Amount or % _____

Account No. _____ Amount or % _____

Account No. _____ Amount or % _____

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

Reasons for modification: **(Position description must accompany any changes in position title or responsibilities.)**

As Recommending Authority, I hereby certify that budgeted funds are available and in the account(s) indicated above.

RECOMMENDED:

(Department Chair or Department Head) (Date)

(Dean or Division Head) (Date)

APPROVED:

(Provost or Vice President) (Date)

(Human Resources) (Date)

(Budget) (Date)

(President) (Date)

ACCEPTANCE (Only after President's approval):

(Employee) (Date)

HR Office Use only:
FTE: _____
Position #: _____
Job Description []