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.

Name and T# of employee's new supervisor

_____

Name and T#'s of new direct reports (Faculty/Staff)

_____

_____

_____

_____

_____

_____

HR Office Use only:

FTE: _____

Position #: _____

Job Description [ ]

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)