

(ALL APPOINTED FACULTY AND STAFF)

NOTE:	Start and e	end dates N	/IUST coincide wi	ith the appro	priate pay perio	ods. Add	itional Pay Reque	ests will be processe	ed in accord	ance with	IU Policy HR-03-90.	
	Name (First, Middle, Last)						Employee ID Number		Start	Start Effective Date End		
_												
	Employ (Buildin		Location	Room	Room Number		Office Phone #		Supervisor			
	Job Title					Department						
Action	Type of Personnel Action(s):											
	New	Rehire	Change in	Leave	Change in	Additional Pay		Change in	(For HR Only) Change to:			
NNEL	Hire		Base Pay	Request	Account	(HR-	circle reason below)	Title/ Classification	Salary Plan Salary Gra		Salary Grade	
Personnel												
d	(For HR Only)											
	,	Pay Temporary Adjustment Pay Reason: Adjustment			Discretionary Bonus		gital Voice Ilowance	(Specify in Co			Other cify in Comment ection Below)	
	Salary Increase Reason: (Must have approval from IU Compensation and Campus HR)			(Reclas			Higher Level oonsibilities	High Value Request Counter Of		r Offer	Market Adjustment	

	Position Number	Pay Frequer	ncy Monthly	Bi-Weekly	Base Salary		
BUDGET		(Check One)			Salary Rate	Hourly Rate	
	ADDITIONAL PAY:	Amount (Pro	ofessional and Service/M	Percentage of Salary			
	Account Number	Program	Percentage	Account Number	Program	Percentage	
	Account Number	Program	Percentage	Account Number	Program	Percentage	
	Account Number	Program	Percentage	Account Number	Program	Percentage	

COMMENTS	Reason for Request:					

	1. Department Supervisor/Dean/ Director	Date	2. Vice Chancellor	Date			
APPROVAL	3. Vice Chancellor of Administration/CFO	Date	4. Human Resources	Date			
	5. Chancellor	I	Date				
	6. Employee		Date				
(For Human Resources/Academic Affairs Only)							
Date Entered in HRMS: Initials:							