



Personnel Change Request

Employee ID:	Department:
Last Name:	First Name:
Job Code:	Title:

Pay Grade:	<input type="text"/>
Annual Minimum:	<input type="text"/>
Annual Maximum:	<input type="text"/>

Effective Date:	<input type="text"/>
-----------------	----------------------

	Current	Proposed	Percent Increase
Base Annual Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Premium Pay	<input type="text"/>	<input type="text"/>	
Adjusted Annual Salary	<input type="text"/>	<input type="text"/>	

*Adjusted Annual Salary may differ if employee is eligible for Supplements, listed in Remarks below

Remarks:

Approvals:

	Print Name	Signature	Date
Department Director:			
Chief:			
Mayor:	Daniella Levine Cava		

	Name
Return To:	<input type="text"/>
DPR:	<input type="text"/>

Approval must be electronically attached to the corresponding Job Opening or the DPR Salary Change Request on **INFORMS**.