



Temp Compensation Adjustment Form

Employee Name _____

Title _____ Department _____

Current Hourly Rate _____

Proposed Effective Date _____ Proposed Hourly Rate _____

Funding Source (Cost Center, Designated Gift or Grant, Fund, & Function)	Percentage Allocated

Justification

Please provide details regarding the adjustment (i.e., the additional duties being assumed, the new degree or certification and how it will help the department, the priority to the institution, etc.).

Required Approvals

Supervisor/Department Head Date

Human Resources Date

Budget Office Date

Vice Chancellor Date

Vice Chancellor of Finance & Operations Date

Chancellor Date