LONGWOOD UNIVERSITY

OFFICE OF ADMINISTRATION & FINANCE

PERMANENT SALARY ADJUSTMENT FORM

EMPLOYEE INFORMATION

Legal Name _____ Cardinal ID: _____

Building/Office _____ Phone Number _____

Current Title _____ Position Number _____

SALARY INFORMATION

CHANGE OF ANNUAL SALARY

Current Salary _____

New Salary _____

Effective Date _____

CHANGE OF HOURLY WAGE

Current Hourly Wage _____

New Hourly Wage _____

Effective Date _____

CHANGE OF STATUS
Check all that apply

☐ Promotion ☐ Demotion ☐ Merit ☐ Competitive Salary Offer ☐ Internal Equity ☐ New KSAs ☐ Other

Please provide rationale for the requested salary adjustment _____

_____

_____

BUDGET INFORMATION

All budget information is required prior to submission for approval.

Earning Code _____

☐ Change in Funding Current Banner Index _____ Current Banner Account Code _____

New Banner Index _____ New Banner Account Code _____

☐ No Change in Funding Banner Index _____ Banner Account Code _____

REQUESTOR INFORMATION

Requesting Department _____ Contact _____ Date _____

AUTHORIZATION

All signature lines are required for final approval.

Vice President _____ Date _____

VP Admin & Finance _____ Date _____

President _____ Date _____

Comp/Class Approval _____ Date _____

HRIS: _____ Cardinal ☐ Banner ☐ Date _____