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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form should be utilized to request a change to an employee’s job or compensation as outlined in Policy VII 9.11(B). | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requested Staff Action:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Acting Capacity** (ACT) **Equity** (EQ**T)  Reevaluation** (REV) **Reassignment** (REA) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requesting Department Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Initiator Name: |  | | | | | | Phone: | | | |  | | | | | | Email: | | | | |  | | |
| School/Unit: |  | | | | | | Department name: | | | |  | | | | | | Department code: | | | | |  | | |
| **Current Employee Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee name:** |  | | | | | | | Employee ID: | | |  | | | | | | Position number: | | | | |  | | |
| **Job title:** |  | | | | | | | | | | | | | | | | Job code: | | | | |  | | |
| Dept name: |  | | | | | | | Dept code: | | |  | | | | | | Building code: | | | | |  | | |
| Current salary: |  | | | | | | | UMB Date of hire: | | |  | | | | | | Weekly hours: | | | | |  | | |
| Supervisor/ Principal investigator: | | | | | |  | | | | | Supervisor’s job title: | | | | | |  | | | | | | | |
| Currently on a VISA? | | If yes, please contact the International Office at 410 706 7488 | | | | | | | | | | | | | | | | | | | | | | |
| **Requested New Employee Information for Reassignment:** | | | | | | | | | | | | | | | | | | | | | | | | |
| New department name: | |  | | | | | | | | | New department code: | | | | | | |  | | | | | | |
| **Requested New Employee Information for Reevaluation or Acting Capacity** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requested New job title:** | | | | |  | | | | | | | | | | | | | New job code: | | | | |  | |
| *Proposed effective/start date (must coincide with pay period begin date ):* | | | | | | | | | | |  | | | | | Acting Capacity end date: | | | | | | | |  |
| Does this position require working with: | | | | | | | | | | | Select agents  Radioactive Materials  Hazardous Materials | | | | | | | | | | | | | |
| **Requested New Job Funding Information:** ApprovedFunding source(s) is available up to maximum budget for this position | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding source (mark all that apply): | | | | | | | | State : Grant:  Revolving:  Other: | | | | | | | | | | | | | | | | |
| **Union Eligibility** (mark all that apply):  **Managerial**  - engaged predominantly in executive and management functions; or charged with the responsibility of directing the effectuation of management policies and practices  **Supervisory**  - has authority to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward or discipline other employees  **Confidential**  - has access to confidential or discretionary information, which means information regarding (a) legal advice, (b) the development of policy or procedures pertaining to labor/employee relations, or (c) budget formulation and implementation; or, whose functional responsibilities or knowledge concerning labor/employee relations makes the employee's membership in an employee organization incompatible with the employee's duties; or, who performs the functions of a secretary/administrative assistant/executive administrative assistant to a chancellor, president, vice chancellor, vice president, provost or dean of an institution. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Approved Maximum Budget Available:** | | | | | | | | $ | | | | | | | | | | | | | | | | |
| **Required Attachments** | | | | | | | | | | | | | | | | | | | | | | | | |
| For all Compensation Action Requests, the following documents | | | | | | | | | | | | | | | | **All required documents below must be attached before Compensation will begin analysis.**  **The effective date will be the pay period after Compensation received all required documents.** | | | | | | | | |
| Employee’s resume: | | | | | | | | | | | Yes: | | | | |
| Current job description: | | | | | | | | | | | Yes: | | | | |
| For Acting Capacity and Reevaluation, the additional documents are required: | | | | | | | | | | | | | | | |
| Proposed job description with assigned %’s: | | | | | | | | | | | Yes: | | | | |
| Summary of duties and examples: | | | | | | | | | | | Yes: | | | | |
| Business need justification for action: | | | | | | | | | | | Yes: | | | | |
| Organizational chart (including positions supervised): | | | | | | | | | | | Yes: | | | | |
| **Signatures/Approvals** | | | | | | | | | | | | | | | | | | | | | | | | |
| **By signing in the designated areas:**   * **I am verifying that I have identified and approved funding source(s) for this position and understand that should original funding source become unavailable that the Department is responsible for any portion of the unavailable funding source(s).** * **I also attest that this action is needed to fulfill the Department’s and University’s function.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Department 1 approver: | | | |  | | | | | | | Printed name: | | |  | | | | | | Date: | | | |  |
| Department 2 approver: | | | |  | | | | | | | Printed name: | | |  | | | | | | Date: | | | |  |
| VP/Dean: | | | |  | | | | | | | Printed name: | | |  | | | | | | Date: | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Human Resources Services Use Only** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | Salary: | | | | | | | | | | | | | | |
| Job Title: | | | | | | | | | | Job Code: | | | | | | | | | | | | | | |
| **ACT**   * Acting capacity is a temporary assignment will last for up to six months and may be requested additional six months but not to exceed one year. A competitive recruitment is required to permanently fill the position, regardless if exempt or nonexempt, and should be started no later than the beginning of the renewal. * The employee will remain eligible for cost-of-living and merit increases, as approved by the President, and COLA and/or merit will be applied to the base pay of the acting role. Compensation is determined by internal and external market.   **REV**   * The new position is below pay grade “I”, not recently vacated; no other employee in department meets minimum qualifications, and a current job description exists, and the employee is performing the functions and meeting minimum qualifications of new job. * The justification provided evidence that there has been a significant and substantial change in the employee’s functions from old job.   **REA**  **EQT**   * An internal equity adjustment may be granted if there is a significant difference in pay (greater than 10%) between individuals with similar experience and education working in the same job title within a unit and campus * An external equity adjustment may be granted if there is a significant difference in pay (greater than 10%) between the pay of individuals working in that same job title and the market | | | | | | | | | | | | | | | | | | | | | | | | |
| Internal Equity: | | | Before: | | | | Campus Average: | | | | | | $ | | Internal Compa Ratio: | | | | | | | | | % |
|  | | | After: | | | | Campus Average: | | | | | | $ | | Internal Compa Ratio: | | | | | | | | | % |
| External Equity: | | | Before: | | | | MPR: | | | | | | $ | | MPR Compa Ratio | | | | | | | | | % |
|  | | | After: | | | | MPR: | | | | | | $ | | MPR Compa Ratio | | | | | | | | | % |
| New Pay Range: | | | Min | | | | $ | | Mid | | | | $ | | | | | | Max | | | | | $ |
| Job title: | | |  | | | | | | | | | | | | | | | | | | | | | |
| Job code: | | |  | | | | | | | | | FLSA: | | | | Exempt  Nonexempt | | | | | | | | |
| Financial Disclosure: | | | Yes: | | | | | | | | | Collective Bargaining Eligible: | | | | | | | | | | | | Yes: |
| New Salary: | | |  | | | | Salary Increase: | | | | | $ | | | | | | | | | % | | | |
| Effective start date: | | |  | | | | Acting End Date: | | | | | | | | |  | | | | | | | | |
| Action result: | | | Approved  Cancelled  Denied | | | | | | | | | | | | | | | | | | | | | |
| Position number (C, U, N/C): | | | | | | |  | | | | | | | | | | | | | | | | | |
| Compensation Signature: | | | | | | |  | | | | | | | | | | | | | Date | | | |  |
| If additional approvals required attach approval sheet | | | | | | | | | | | | | | | | | | | | | | | | |