

## Budget Position Upgrade Request

Note: Successful upgrade requests require Executive Council review and recommendation, and Board of Trustee approval.

<u>Current Status</u>	<u>New Proposed Changes</u> (Only those applicable)
Job Title _____	_____
DBM Rank _____	_____
Pay Rate _____	_____
Length of Contract _____	_____

Justification for Change: \_\_\_\_\_

Attach old and revised position descriptions indicating changes in essential functions.

### Approval:

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Vice President Date

\_\_\_\_\_  
Compensation Manager Date

\_\_\_\_\_  
Human Resources Director Date

\_\_\_\_\_  
Budget Manager Date

Approved Document Received by Human Resources Department: Date \_\_\_\_\_

Requester Notified: Date \_\_\_\_\_ Entered: Date \_\_\_\_\_