

Personnel Change Request

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

| | |
|-----------------|--|
| Pay Grade: | |
| Annual Minimum: | |
| Annual Maximum: | |

| | |
|-----------------|--|
| Effective Date: | |
|-----------------|--|

| | Current | Proposed | Percent Increase |
|---------------------------|---------|----------|------------------|
| Base Annual Salary | | | |
| Annual Premium Pay | | | |
| Adjusted Annual Salary | | | |

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

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|----------|
| Remarks: |
| |
| |

Approvals:

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

| | |
|------------|------|
| | Name |
| Return To: | |
| DPR: | |

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