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EMPLOYEE INFORMATION <small>(Complete all fields.)</small>			
EMPLOYEE NAME:	FIRST	MIDDLE	LAST
Position/Title:			
EFFECTIVE DATE OF CHANGE:		Today's Date:	
POSITION DESCRIPTION CHANGE / TRANSFER <small>(Complete all applicable fields & attach new position description if applicable.)</small>			
POSITION CHANGE			
CURRENT POSITION TITLE:		PROPOSED POSITION TITLE:	
CURRENT WORK LOCATION:		PROPOSED WORK LOCATION:	
CURRENT DEPARTMENT:		PROPOSED DEPARTMENT:	
PAY RATE CHANGE / CLASSIFICATION <small>(Complete all applicable fields.)</small>			
PAY RATE CHANGE <small>(Indicate dollar amount of change.)</small>			
REASON FOR PAY RATE CHANGE:			
CURRENT PAY RATE:		PROPOSED PAY RATE:	
CURRENT PAY TYPE:		PROPOSED PAY TYPE:	
ANNUAL SALARY	HOURLY	ANNUAL SALARY	HOURLY
CURRENT EMPLOYEE STATUS:		PROPOSED EMPLOYEE STATUS:	
NON-EXEMPT	EXEMPT	NON-EXEMPT	EXEMPT
Reason for Change (check one):			
Merit Increase of: _____ %		Pay Scale Adjustment	New Job Duties
Temp adjustment to base rate for performing higher level duties until _____		<small>**attach new Job Description (provide end date if possible):</small>	Job/Title Change**
Spot Bonus Change		Amount: _____	Reason for Spot Bonus Change: _____
CURRENT EMPLOYEE TYPE:		PROPOSED EMPLOYEE TYPE:	
FULL TIME REG	PART TIME REG	PART TIME TEMP	FULL TIME TEMP
FULL TIME REG	PART TIME REG	PART TIME TEMP	FULL TIME TEMP
Other			
Department Transfer: from Dept# _____ to Dept# _____			
Hours Change: from _____ hours/week to _____ hours/week			
<small>(if decreasing – attach Voluntary Reduction in Hours form)</small>			
Reason for pay rate change (please provide sufficient details for all pay rate changes in the box below)			
Approvals:			
Immediate Supervisor:		Date Signed:	
Next Level Supervisor Signature:		Date Signed:	
Human Resources:		Date Signed:	
Area Chief Officer:		Date Signed:	