

## **Personnel Change Request**

Employee ID:		Department:			
Last Name:		First Name:			
Job Code:		Title:			
Pay Grade:					
Annual Minimum:					
Annual Maximum:					
	1				
Effective Date:					
	1				
	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					
Remarks:					
Ammunia					
Approvals:					
	Print Name		Signature		Date
Department Director:					
Chief:					
Mayor:	Daniella Levine Cava				
,	1				
	N	Name			
Return To:					
DPR:					
	1				

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