



# Professional Staff Compensation Change Request Form

Return completed form to the Human Resources Compensation Office.

## Personal Information

Employee Name	Employee ID Number (EID)	
Home Department	Position Number	
Job Code and Job Profile	FT Monthly Salary	
Has an in-grade or promotional salary increase been awarded in the past 12 months?	Yes	No
Has a performance evaluation been conducted within the past year?	Yes	No

## Review Type

**Note:** Select **one** of the following sections depending on the review type. Click on the review type to jump directly to that section of the form.

- In-grade Salary Adjustment (Med Centers Only)
- Position Review
- Job Profile Change (No Change in Grade or Salary)

## In-grade Salary Adjustment (Med Centers Only)

Campus in-grades are requested in Workday: <https://employeehelp.workday.uw.edu/user-guides/>

### In-grade Salary Adjustment Reasons (Select One):

- Merit/Increased Functioning
- Change in Responsibilities
- Market/Retention
- Internal Equity
- Competitive Offer (Non-UW)
- Pre-Emptive Offer (Non-UW)

### Proposed Salary Adjustment

Effective Date	FT Monthly Salary	FT Annual Salary	% Increase
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## Position Review

Proposed Job Code

Proposed Job Profile and Grade

### Document Checklist

In addition to this form, the following documents are required:

Professional Staff Position Description Form **OR** Research Scientist/Engineer Questionnaire  
Employee Signature Form (for positions currently union-represented moving to Professional Staff if applicable)

### Proposed Salary Adjustment

Effective Date	FT Monthly Salary	FT Annual Salary	% Increase
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## Job Profile Change Only (No Change in Grade or Salary)

**Note:** A Professional Staff Position Description Form **OR** Research Scientist/Engineer Questionnaire is required for all job profile change requests.

Effective Date

Proposed Job Profile and Grade

## Justification for Request

For position reviews and job profile changes, describe what has changed. For in-grade salary adjustments, please expand on the in-grade reason selected above. The field below will expand to accommodate the justification written.

## Approvals

Only those listed in this box will be notified of approval by email. Include names and email addresses for up to four contacts. Do not include the employee; the employee will not be notified by the HR Compensation Office regarding this request.

Name	Email Address
Name	Email Address
Name	Email Address
Name	Email Address

## Authorizing Signatures

### Supervisor

Name	
Title	
Signature	Date

### Additional Approver (per organization policy)

Name	
Title	
Signature	Date

### Department Chair/Administrator/Manager

Name	
Title	
Signature	Date

### Dean/VP/Med Ctr CEO/Delegated Authority

Name	
Title	
Signature	Date

**I confirm all necessary approvals.**

*If an accommodation is needed in the completion and submission of this form, please contact the sponsoring unit.*

Human Resources Compensation Office | Campus: [uwhrcomp@uw.edu](mailto:uwhrcomp@uw.edu) | Medical Centers: [medcomp@uw.edu](mailto:medcomp@uw.edu)

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