



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 | Medical Centers: medcomp@uw.edu

Revised: 4/15/2025