

R.A.P.P.

Request for Adjustment of Position / Personnel / Pay

Date Requested

Proposed Effective Date

*Proposed Effective Date should be equal to or
greater than the Date Requested*

Section 1 - Request (To be completed by Requester)

Name (if applicable
to action requested)

Supervisory
Organization

Cougar
ID

*Please provide detailed justification for the request, including: financial funding, equity/market adjustment & addition of significant, permanent duties. Also please indicate for personnel adjustments key details like whether the employee will supervise others or will change supervisors. **Note:** Student specific data changes do not require completion of the justification statement.*

Job Change Action NA

Compensation Change Action NA

Appointment
Data Changes
Demotion
Lateral Move (No Pay Impact)
Promotion
Reclassification
Student Data Changes
Transfer

Increase
Decrease
Hire Above Base Salary

Other Requests NA

New (Board Approved) Temporary Revised/Repurposed Slot Other

Current Supervisory Organization: Proposed Supervisory Organization:

Current Title: Proposed Title:

Current Business Title: Proposed Business Title:

Current Slot Number: Proposed Slot Number:

Cost Centers / FTE Change / Salary Adjustment

[CLICK HERE](#) TO ACCESS COST CENTER AND SPEND CATEGORY INFORMATION

CURRENT

FUND	COST CENTER NUMBER OR COST CENTER NAME	SPEND CATEGORY	WORKTAG TYPE (if applicable)	WORKTAG NAME (if applicable)	PERCENTAGE	AMOUNT (Hourly Rate)	AMOUNT (Salary)
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ANNUALIZED SALARY

PROPOSED

FUND	COST CENTER NUMBER OR COST CENTER NAME	SPEND CATEGORY	WORKTAG TYPE (if applicable)	WORKTAG NAME (if applicable)	PERCENTAGE	AMOUNT (Hourly Rate)	AMOUNT (Salary)
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ANNUALIZED SALARY

Please provide the name and email address(es) for the appropriate approval routing (i.e. Dean, Director, VP, etc.).
Click the "Submit to HR" button once Section 1 has been completed.

Requester	Approval Flow			Use this section only if Grant Funded
Name	1st Approver's Name	2nd Approver's Name (if none, type N/A)	Grant Accountant's Name	
Email	1st Approver's Email	2nd Approver's Email (if none, type N/A)	Grant Accountant's Email	

Files attached to the RAPPP are not accessible once the form is uploaded into DocuSign. To ensure additional documentation is included in the final signed RAPPP, please add files as additional pages at the end of this document.

To Append a document, click on the page thumbnail, click options, insert pages, from file, and search for your document on your computer. Once you find it, click open. When the dialog box appears, select After in the location section and click on the Last radio button under Page.

Section 2 - Review (To be completed by HR and Resource Planning & Analysis)

Reviewed By:

HR Signature

HR Reviewer's Comments:

1. Does this need to go through the approval process?

Yes No

2. Is HR approval required?

Yes No

3. Does this impact benefit eligibility?

Yes No N/A

4. Eligible for annual raise?

Yes No N/A

Budget Office Signature

Budget Reviewer's Comments:

Section 3 - Approvals

Please note: All approvals by Deans/Directors/VPs will be done through DocuSign. Information regarding the approvers should be supplied by the requester in Section 1. All requesters will be notified by email at each step of the approval process.