

**IFR #**

*(Finance Office Only)*

# Graziadio School of Business and Management

## Incremental Funding Request Form

**EXISTING POSITION MODIFICATION - EXEMPT EMPLOYEE**



**Requester Name**

**Signature Level** *(Finance Office Only)*

**Fiscal Year**

**Department ID**

**Department Name**

<b>Salary-Change \$</b>	<b>Non-Salary*</b>	<b>Equip. Allowance</b>	<b>Burden</b>	<b>Total Request</b>
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*\*Other non-salary forms of compensation (i.e. relocation allowance, tuition assistance, etc.)*

**Name of Incumbent**

**Current Position Title**

**Proposed Position Title**

**Current Salary** *(no burden)*

**Proposed Salary** *(no burden)*

**Change - \$**

**Change - %**

**Short Description (300 Characters Max)**

**Strategic Rationale:**

**Why are you pursuing this action?**

**Please substantiate the requested amount.**

# SUPPLEMENTAL QUESTIONS

## Office Space

Will this position modification result in a change of office assignments?

If "Yes," please indicate a preferred campus location:

*Considerations (Finance Office Only)*

Campus Location:

Office Number:

## Cellphone Allowance

Will you be requesting a cellphone allowance for this position?