

IFR #

(Finance Office Only)

Graziadio School of Business and Management Incremental Funding Request Form

EXISTING POSITION MODIFICATION - NON-EXEMPT EMPLOYEE



Requester Name

Signature Level (Finance Office Only)

Fiscal Year

Department ID

Department Name

Salary-Change \$	Non-Salary*	Equip. Allowance	Burden	Total Request
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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 Hourly Rate

Proposed Hourly Rate

Change - \$

Change - %

Current Annualized Salary
excluding burden

Proposed Annualized Salary
excluding burden

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:

Cellphone Allowance

Will you be requesting a cellphone allowance for this position?