



RATE AMENDMENT REQUEST



Organization/Division: _____

Date: _____

Rate Justification

If Rate Amendment occurs across Activities you must also complete a Budget Amendment

	Position No.	Activity/ Gift/Grant	Fund	Cost Center	Current Compensation Rate Amount	Increase	Decrease	New Compensation Rate	Total Position Compensation
1									
2									
3									
4									
5									
6									
7									
8									

Total: _____

Requester

Date

Budget/Business Manager or Director

Date

Administrative Use Only

Processing Complete: _____

Date: _____