



## **Request for Reclassification Pay Increase Approval**

From: [Requestor's Name]

To: [Cognizant VP]

Date: [Today's date]

The [department] is requesting approval from UHRM Compensation to reclassify [Employee First Name, Last Name, ID] from position [Job Title, Job Code] to position [Job Title, Job Code]. The [Department] requests approval to increase [Employee Name] pay from [\$current] to [\$new] within 90 days of the reclassification. The anticipated effective date of the reclassification is [date] with an anticipated pay increase effective [within 90 days from first date].

This request is subject to equity and compliance verification and approval by the UHRM Compensation team.

Justification supporting the request is:

Requestor Signature/date

Approver (Cognizant VP) Signature/date