S A M P L E

For Pay Plan Change

(Memo Request from the Employee)

Date: [**Current Date**]

To: [**Dean’s/ AVP’s Name and Title**]

From: [**Employee’s Name and Title**]

RE: Request for a Permanent/Temporary Pay Plan Change

This memorandum is to request approval to [**permanently or temporarily**] change my pay plan from [**XYZ to XYZ**]. [**Provide a brief paragraph to outline the details/justification of the pay plan change]** and include the following information:

* Pay plan requested (10/12, 11/12, or 12/12)
* Proposed/requested month(s) off, if applicable
* Effective date for the pay plan change to begin (must coincide with the beginning of the pay period, see the Faculty & Staff Pay Period Calendar)
* Designation that the pay plan change is to be permanent or temporary
	+ If temporary, include length of time.
* Collective Bargaining Unit Number
* Bronco ID number
* If a reduction of pay plan is occurring, please include a statement that you are fully aware of the ramifications on your pay and benefits and have properly inquired and consulted with the Benefits and Payroll departments.

Thank you.

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 [**Employee’s Name and Title**]