



# Student Success and Well-Being

## Compensation & Position Action Justification Form

Name of Department: \_\_\_\_\_

Action: \_\_\_\_\_

This form is required for all staff compensation and position-related requests, including one-time payments, special or temporary pay increases, position reclassifications, and new position requests. Please provide clear, specific information to support the request. The justification should explain the business need, what is changing, who is impacted, and the requested amounts and timelines. All requests must include identified funding sources to include cost centers and appropriate worktags.

Reminder: If action is a PD Reclass/Establishment or a PD Update you must include a new or updated Position Description, current and proposed organizational chart. The organization charts must include all employees names, titles, and position numbers.

DDDH or AVP Signature \_\_\_\_\_

SSWB HR Director \_\_\_\_\_

\*Some requests may require VP signature. Please submit requests via a Workday case to the HRBC.  
\*HR Director will determine if VP signature is needed.