



**Promotion/Filled Reclassification/Transfer Checklist and Approval  
Staff and Temporary/Casual Positions Only – Not Through Requisitions**

Employee Name _____	Employee UIN _____
Current Supervisor _____	Employee Type _____
Employee's Current Position ID (PIN) & Job Profile _____	
Proposed Job Profile _____	Proposed Monthly/Hourly Rate _____
Proposed Business Title _____	Proposed Effective Date _____
Costing Allocation _____	

- Yes No Will the employee stay in the same pin? *If No, list new pin and job profile* \_\_\_\_\_
- Yes No Will the employee's supervisor change? *If Yes, list new supervisor* \_\_\_\_\_
- Yes No If the employee is currently a supervisor, will their subordinates move with them?
- Yes No Will the employee become a supervisor?
- Yes No Does a new supervisory organization need to be created in Workday? *If Yes, attach proposed organizational chart.*
- Yes No Has the employee been in their current position for 3 or more months? *If No, approval from the University President or designee is required.*

**Required Attachments (If Needed)**

Workday Position Description Template      Proposed Organizational Chart      Signed 3-month Exception Memo

**Internal Justification for Action (1000 character limit below - attach additional pages as needed)**

**Approval and Review Signatures**

By signing below, the individual attest that the information on this form is accurate and in compliance with University rules, procedures, and guidelines.

Immediate Supervisor	_____	_____	_____
	Print Name	Signature	Date
Finance Review	_____	_____	_____
	Print Name	Signature	Date
HROE HUB Review	_____	_____	_____
	Print Name	Signature	Date
Department Head Approval	_____	_____	_____
	Print Name	Signature	Date
Dean/Vice President Approval (or designee) as needed	_____	_____	_____
	Print Name	Signature	Date
VP-HROE/VP-R Approval (or designee) as needed	_____	_____	_____
	Print Name	Signature	Date
Executive VP and Provost (or designee) as needed	_____	_____	_____
	Print Name	Signature	Date
Additional Approval (as needed)	_____	_____	_____
	Print Name	Signature	Date