**Wage Position Description (WPD)**

The Wage Position Description is required for any change in pay associated with a wage position (change in duties, equity, or retention). This form must be submitted to HRIS Operations with a Personal Action Form (PAF) outlining the requested pay change.

**Contact Information:**

|  |  |
| --- | --- |
| Department: | Contact Name: |
| Contact Email: | Contact Phone Number: |

**Position Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Effective Date: | Employee Name (Last, First, Middle Initial): | | V#: | Position #: |
| Working Title: | | University Job Title/Code: | | |

**Pay Change Information:**

|  |
| --- |
| Reason for Hourly/Student Worker Off-Cycle Pay Change:  **☐** UOA - Equity Adjustment **☐** UOD - Change in Duties  **☐** UOR - Retention |
| Justification for Change: |

**Approvals:**

|  |  |  |
| --- | --- | --- |
| Supervisor Name: | Supervisor Signature: | Date: |

*Signing below confirms that all necessary approvals for the pay action have been received.*

|  |  |  |
| --- | --- | --- |
| HR Professional Name: | HR Professional Signature | Date: |