UC Agriculture and Natural Resources
Personnel Change Request Form
(Stipends, Reclassifications, Equity, FTE Changes)

Please submit the Personnel Change Request (PCR) to the ANR Staff Personnel Unit (SPU):
anrstaffpersonnel@ucanr.edu

Unit/Center: **Date:**

☐ **Classification Review** ☐ **Stipend Review** ☐ **Equity Review** ☐ **FTE/Fund/Distribution % Change**

Employee's Name:

CURRENT	**PROPOSED**
Payroll Title:	Payroll Title:
Title Code:	Title Code:
Start Date:	Effective Date:
Total % Time:	Total % Time:
Annual Salary: $	Annual Salary: $
Fund Source/Account#:	Fund Source/Account#:
Distribution %:	Distribution %:
Fund Source/Account#:	Fund Source/Account#:
Distribution %:	Distribution %:
JUSTIFICATION (REQUIRED):	

SPU Use Only:	
Approved Action:	Reclassification Amount: $ /per month or biweekly
Approved Title/Code:	Stipend Amount: $ /per month or bi-weekly
Approved Effective Date(s):	Equity Amount: $ /per month or bi-weekly
Approved Grade:	Percentage Increase:
Location/Salary Scale:	Percentage Reduction:

Signatures (Required):

_____ _____
Supervisor/PI Signature Date Statewide/Program Director Signature Date

_____ _____
Supervisor/PI Print Name Statewide/Program Print Name

_____ _____
Director Signature Date Staff Personnel Approval Signature Date

_____ _____
Director Print Name Staff Personnel Print Name

_____ _____
Other Signature Authority as needed Date

_____
Print Name