Compensation Requisition Form

General Information

Supervisor’s Name: ____________________________  Contact Name: ____________________________

Supervisor’s Phone #: _________________________  Contact Phone #: __________________________

Type of request: ______________________________  HR Advisor’s Name: ______________________

Position Title: ________________________________  Position Number: __________________________

Please check one and fill out the corresponding section:

☐ New position(s)  ☐ Existing position/Re-evaluation
   Section A  Section B

☐ Additional Duties  ☐ Other Changes
   Section C  Section D

Reason for Request:

Is this a part of a re-org: ☐ Yes  ☐ No

SECTION A: New Positions

Position Type: ________________________________  Effective Date: __________________________

Bi-weekly Hours: ____________________________  End Date: __________________________

Supervisors Position #: ______________________  Suggested Classification: ____________________

☐ Copy of existing Org Chart  ☐ Copy of new Org Chart

(as per CUPE 17.03 vi)

Accounting Information:

<table>
<thead>
<tr>
<th>Project (6-8)</th>
<th>Object (4)</th>
<th>Fund (2)</th>
<th>Dept (4)</th>
<th>Program (5)</th>
</tr>
</thead>
</table>

Additional Notes:
SECTION B: Existing Position/Re-evaluation

Is this position occupied? ☐ Yes ☐ No
If yes, Name of Incumbent: _______________________

Process initiated by: ☐ Incumbent (ensure policy / collective agreement processes are followed) ☐ University

In what way has this position changed (tick all that apply and provide further details in attached Job Description)?

☐ Duties and Responsibilities (added, deleted, or changed) ☐ Budget
☐ Direct or Indirect Reports ☐ Reporting Relationship

Please provide a brief summary of the substantive differences below:

SECTION C: Additional Duties

Please document the additional changes in the JD using track changes

Effective Date: ____________________________ End: ____________________________

Do these changes affect any other positions ☐ Yes ☐ No
If yes, what position number(s): __________________

Please briefly explain the additional duties and why:

SECTION D: System Changes

Title Change:
New title: ____________________________

Reporting relationship change:
New Supervisor’s Position #: __________________

Inactivate Position:
Effective Date: __________________

Department Change:
New Department code: __________________

New Accounting Information:

Project (6-8)   Object (4)   Fund (2)   Dept (4)   Program (5)

Additional Notes:
Submission Checklist

- Approval (as per department) VPA only - Approval form
- Organizational Chart(s) (if applicable)
- Job Description with Track Changes (if applicable)
- Completed WJQ Custom Part II: Job Questionnaire Answer Sheet (required for CUPE re-evaluations)
- Submit all documents to compensation@sfu.ca with the appropriate email conventions

Signatures

☐ Dean/AVP or Provost ☐ Departmental Budget Approver ☐ Vice President (new continuing positions only) ☐ Manager/Leader ☐ Incumbent (only in self-initiated re-eval’s)

Print Name: __________________________________________

Signature: __________________________________________ Date: ________________

Print Name: __________________________________________

Signature: __________________________________________ Date: ________________

Print Name: __________________________________________

Signature: __________________________________________ Date: ________________

Print Name: __________________________________________

Signature: __________________________________________ Date: ________________