

Personnel Budget Increase Request

Department: _____

Requested By: _____

Date: _____

Contact Email: _____

1. Reason for Budget Increase

2. Summary of Request

Position Title	Current FTE	Proposed FTE	Current Salary	Proposed Salary	Justification
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

3. Impact of Not Approving This Request

4. Additional Comments

Requested By

Date: _____

Department Head

Date: _____

HR Approval

Date: _____

Important Notes:

- Ensure all financial figures and justifications are accurate and complete before submission.
- Attach supporting documentation if required by your organization.
- This form must be approved by all indicated parties prior to processing.
- Budget increase requests are subject to organizational review and available funding.