



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

Pay Step Advancement Request

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	Department
Job Code	Position No.	Grade	Step

Step Advancement

Effective Date	Advancement Type <input type="checkbox"/> Step Advancement <input type="checkbox"/> Retroactive Step Advancement (Late Step)	Meets Standards <input type="checkbox"/> Yes <input type="checkbox"/> No
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Appointing Authority or Designee Signature	Date
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Remarks:

Department Comments

Payroll Specialist Name (Print & Sign)	Phone Number	Date
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TO BE COMPLETED BY HR STAFF ONLY

Comments:

DISTRIBUTION: Original - EMACS-HR (0030)
Copy - Department

Office Use Only

Keyed By (Employee ID)	Date	Audited By (Employee ID)	Date
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