

**MEDICAL CENTERS ONLY – REQUEST FOR EXTENSION/PAY CHANGE  
PSTP – SALARIED AND PSTP – HOURLY POSITIONS**  
CAMPUS PSTP APPROVAL REQUEST IS IN WORKDAY: <https://isc.uw.edu/user-guides/>

Extensions and pay changes for existing PSTP – Salaried and PSTP – Hourly positions require HR Compensation Office approval.  
**Please answer all of the questions – incomplete requests cannot be processed.**

SECTION I – EMPLOYEE INFORMATION		
EID #:		Position #:
Employee Last Name:	First Name:	Middle:
SECTION II – EXTENSION INFORMATION		
This request is for (Check one only please):		
<b>EXTENSION ONLY</b> and I confirm that all other applicable terms (such as rate of pay, number of hours worked per week/position % of FTE, and general duties) for this professional staff temporary position will continue as originally requested. The requested extended end date is:		
<b>EXTENSION AND CHANGE(S)</b> as identified below and I confirm that all applicable terms not noted below (such as rate of pay, number of hours worked per week/position % of FTE, and general duties) for this professional staff temporary position will continue as originally requested. The requested extended end date is:		
		Changes are effective:
<b>CHANGE(S) ONLY</b> as identified below; I confirm that no extension of this professional staff temporary position is being requested at this time and that all applicable terms not noted below (such as rate of pay, number of hours worked per week/position % of FTE, and general duties) for this professional staff temporary position will continue as originally requested. Changes are effective:		
Reason for Extension and/or Identification of and Reason for Change(s):		
SECTION III – DEPARTMENT INFORMATION		
Appointing Department Name:		Appointing Department Budget Number:
Primary Department Contact Name:	Phone:	Email Address:
Additional Department Contact Name:	Phone:	Email Address:
I confirm that I have all appropriate approvals as required by the UW Medicine CHSO, Hospital Executive Director, UW Medicine CFO, or their delegated designee for this request. These approvals are on file with my records on this action and available for review if requested.		

**Additional information regarding Professional Staff Temporary Positions can be found on the web at:**  
<https://hr.uw.edu/position-management-policy-for-staff-and-student-employment/professional-staff-temporary-position-pstp/>

ROUTING INFORMATION		
Medical Centers HR – Workforce Management Systems (WMS)		
Employee Type	UW Medical Center	Harborview Medical Center
Nursing	<a href="mailto:nurspers@uw.edu">nurspers@uw.edu</a>	<a href="mailto:hmcnurse@uw.edu">hmcnurse@uw.edu</a>
Non-Nursing	<a href="mailto:hruwmc@uw.edu">hruwmc@uw.edu</a>	<a href="mailto:hrhmc@uw.edu">hrhmc@uw.edu</a>