



Instructions: Use this form for **STAFF AND MPP POSITIONS ONLY.**

****All of the items listed below are required at the time of submission. Incomplete packets will be returned to the initiating party.****

- | | |
|---|---|
| <input type="checkbox"/> Justification for requested | <input type="checkbox"/> A proposed position description and current position description |
| <input type="checkbox"/> An up-to-date organizational chart | <input type="checkbox"/> Appropriate administrator approval signatures |

**** Forward completed and signed forms to Human Resources, ADM 252 ****

Part I: HR STATUS (For Department Initiated Requests Only)

- | | |
|--|---|
| <input type="checkbox"/> HR consult has occurred | <input type="checkbox"/> No HR consult required; requesting position description update |
|--|---|

Part II: Requestor Type

- | | |
|---|---|
| <input type="checkbox"/> Department Initiated | <input type="checkbox"/> Employee Initiated (CSUEU) |
|---|---|

Part III: Review Type

- Bonus Stipend Classification Position Description Review Reassignment (Temporary/Permanent) please circle
- In-Range Progression** (APC/CSUEU/ SETC/ SUPA employees only) - Please identify the basis of the IRP below:
- Assigned application of new or enhanced skills Equity Increased workload Increased responsibilities and skills
- Ongoing lead work Performance Retention

MPP Request Only

- MPP:** Equity Increase Merit Bonus Merit Salary Increase Temporary Reassignment Position Description Review

PART IV: Requestor

Requestor Name:	VP Area:
Title:	<input type="checkbox"/> Academic Affairs
Department:	<input type="checkbox"/> Admin & Finance
Phone:	<input type="checkbox"/> Office of the President
Email:	<input type="checkbox"/> Student Affairs
	<input type="checkbox"/> University Advancement

PART V: Current Employee Data

Name:	Employee ID Number:	Date of Hire:
Department:	Base Pay: \$ /month	\$ /annually
Classification/Job Code:	Bargaining Unit: <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 2, 5, 7 & 9 <input type="checkbox"/> C99 <input type="checkbox"/> E99 <input type="checkbox"/> M80	
Working Title:	Employee Status: <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent <input type="checkbox"/> At will	Timebase:

PART V-A: Changes—Proposed by Requestor

New Department:	Proposed Classification/ Job Code:
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PART V-B: Justification for Changes (a separate sheet may be attached if necessary)

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PART VI: Employee's Signature (ONLY Employee initiated)

Signature:	Title:	Date:
Name of Administrator:		Date submitted to Administrator:

** Per CSUEU Collective Bargaining Agreement, all Employee Initiated request must be forwarded to HR for further review **

PART VII: Department Approval (Must be completed by department when request is submitted by employee)

I have reviewed this request and I:			
<input type="checkbox"/> support this request <input type="checkbox"/> do not support this request <input type="checkbox"/> do not support this request due to lack of funding			
Name of Director/Department Chair:	Title:	Signature:	Date:

PART VIII: AVP/Dean Approval

I have reviewed this request and I:		
<input type="checkbox"/> support this request <input type="checkbox"/> do not support this request <input type="checkbox"/> do not support this request due to lack of funding		
Name of AVP/Dean:	Signature:	Date:

PART IX: Provost/Vice President Approval

<input type="checkbox"/> I have reviewed this request, and support the percent/amount requested. <input type="checkbox"/> I have reviewed this request, and support the following percent/amount: _____ <input type="checkbox"/> I have reviewed this request, and I do not support this request. Return to Director/Dean.		
Name of Provost/Vice President:	Signature:	Date:

HR Recommendation (HR Use Only):

Result: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Effective Date:	Percentage Increase:
New Comp Salary: \$	New Base Salary: \$	Action/Reason Code: