



Instructions: Use this form to request Classification and Compensation actions for **STAFF AND MPP POSITIONS ONLY**. Prior to submitting your request, please review the *applicable Collective Bargaining Agreement for Classification and Compensation criteria and Classification and Compensation FAQ*. To ensure a timely review, forms must include:

- Rationale for requested action (*refer to HR Directive P300*);
- An up-to-date organizational chart illustrating the position's reporting relationships;
- An up-to-date position description; include previous position description, *if applicable*;
- Appropriate administrator approval signatures as required by your department/VP area.

Forward completed and signed forms to the Office of Human Resources, ADM 252, or submit via email to hrwww@sfsu.edu.

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

- HR consult has occurred, requesting formal HR review
- No HR consult required; requesting position description update

Part II: Review Type

- Bonus
- Stipend
- Classification Review
- Position Description Update
- Reclassification
- Reassignment
- 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:
 - Equity Increase
 - Merit Bonus
 - Merit Salary Increase

PART III: Requestor

- Administrator
- Employee (CSUEU) - Name of Administrator: _____ Date submitted to Administrator: _____

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 IV: 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	
Working Title:	Employee Status: <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent <input type="checkbox"/> At will	Timebase:

PART IV-A: Changes—Proposed by Requestor

New Department:	New Classification/ Job Code:
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PART IV-B: Rationale for Changes Proposed by Requestor (a separate sheet may be attached if necessary)

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PART V: Requestor's Signature (if department initiated, complete Part IV and submit to Director/Dean for signature)

Signature:	Title:	Date:
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PART VI: Department Approval (Must be completed by department when request is submitted by employee)

I, the authorizing agent at the highest level required by this division to submit this request, have verified that the unit/department/organization is prepared fiscally and otherwise to implement the requested changes if approved by HR at the conclusion of the review process.

I have reviewed this request and I:

support this request do not support this request do not support this request due to lack of funding

Name of Director/Department Chair:	Title:	Signature:	Date:
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PART VII: AVP/Dean Approval

I have reviewed this request and I:

support this request do not support this request do not support this request due to lack of funding

Name of AVP/Dean:	Signature:	Date:
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PART VIII: Provost/Vice President Approval

I have reviewed this request, and approve its submission to HR for review and approval at the percent/amount requested.

I have reviewed this request, and approve its submission to HR for review and approval at the following percent/amount: _____

I have reviewed this request, and I do not support this request. Return to Director/Dean.

Name of Provost/Vice President:	Signature:	Date:
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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:

Routing:

1. PDF to Provost/Vice President	2. Interoffice to Department	3. HR File	4. Budget Office
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