



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

In order for request to be received and reviewed, all of the items listed below are required at the time of submission to HR. Incomplete packets will be returned to the initiating party.

- Justification for request, An up-to-date organizational chart, A proposed position description and current position description, Appropriate administrator/s approval signatures

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

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

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

Part II: Requestor Type

- Department Initiated, Employee Initiated (CSUEU)

Part III: Request Type

- Bonus, Stipend, Classification Review, Position Description Review, In-Range Progression Review, Reassignment, Permanent, Temporary, Temporary Extension

MPP Request Only

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

PART IV: Requestor

Requestor Name, Dept. Liaison, VP Area, Title, Department Location, Phone, Email, Academic Affairs, Admin & Finance, Office of the President, Student Affairs, University Advancement, University Corporation

PART V: Current Employee Data

Name, Employee ID Number, Date of Hire, Department, Base Pay, Classification/Job Code, Bargaining Unit, Working Title, Employee Status, Timebase

PART V-A: Changes—Proposed by Requestor

Proposed Classification/ Job Code, Proposed Effective & End Date

PART V-B: Justification for Request (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:

**** All request submitted to Human Resources (including Employee Initiated) must include the below signatures ****

PART VII: Department 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 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: _____ or <input type="checkbox"/> HR Recommendation Upon Review		
<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 <input type="checkbox"/> Cancelled	Effective Date:	Percentage Increase:
New Base Salary: \$	E-TRAC #:	PPT to Payroll: