



Part I: Requestor Type	
<input type="checkbox"/> Department Initiated	<input type="checkbox"/> Employee Initiated (APC/CSUEU/ SETC/ SUPA)

Part II: 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 III: Request Type			
<input type="checkbox"/> Bonus	<input type="checkbox"/> Stipend	<input type="checkbox"/> Classification Review	<input type="checkbox"/> Position Description Review/Update
<input type="checkbox"/> In-Range Progression Review			
<input type="checkbox"/> Assigned application of new or enhanced skills	<input type="checkbox"/> Equity	<input type="checkbox"/> Increased workload	<input type="checkbox"/> Increased responsibilities and skills
<input type="checkbox"/> New lead work	<input type="checkbox"/> Performance	<input type="checkbox"/> Retention	<input type="checkbox"/> Other salary related criteria
<input type="checkbox"/> Reassignment	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Temporary Extension

MPP Request Only	
MPP:	<input type="checkbox"/> Equity Increase <input type="checkbox"/> Merit Bonus <input type="checkbox"/> Merit Salary Increase <input type="checkbox"/> Temporary Reassignment/Extension <input type="checkbox"/> Promotion

Instructions: 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.	
<input type="checkbox"/> Justification for request (Memo for MPP request)	<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/s signatures

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

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	
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 (Employee Initiated ONLY)

Employee 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 Chair/ Director

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: Dean/AVP

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 Dean/ AVP:	Signature:	Date:

PART IX: Provost/Vice President

<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:

**** Once completed and signed, please submit request with supporting documents to:
Human Resources, ADMN 252****

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: