

Classification and Compensation Request Form Human Resources

In order for requests to be received and reviewed, all of the listed items are required at the time of submission to HR.

**Request may be denied if supporting documents are not attached **

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

1. Request Type:					
☐ Department initiated	☐ Employ	ee initiated (Per applica	able Collective Bargaining Agreement)		
2. HR Status:					
☐ HR consult occurred (Consulted by:)	onsult required; for po	sition description update		
3. Complete Only if Applicable – Represente	ed Employee				
☐ Bonus ☐ Stipend ☐ Equity ☐ In	-Range Progression C	lassification Review	☐ Position Description Update		
☐ Reassignment:	□ H	R Recommendation			
4. Complete Only if Applicable – C99 and M	PP				
☐ Merit Bonus ☐ Equity Adjus	stment	romotion	☐ Retention		
☐ Reassignment:	□ H	R Recommendation			
5. Requestor Information					
Requestor Name:	Cabinet Ar	ea:			
Title:	Departmer	nt Liaison:			
Department:	Title:				
Phone: Email:	Phone:	Phone: Email:			
6. Current Employee Data					
Name:	Employee II	D:	Date of Hire:		
Name: Department:			Date of Hire: h, \$/annually		
	Base Pay: \$		h, \$/annually		
Department:	Base Pay: \$ Job Code: _	/mont Skill Level:	h, \$/annually		
Department:Classification:	Base Pay: \$ Job Code: _	/mont Skill Level:	h, \$/annually Bargaining Unit:		
Department:Classification:	Base Pay: \$ Job Code: Employmer	/mont Skill Level: nt Status:	h, \$/annually Bargaining Unit: Time Base:		
Department: Classification: Working Title: 7. Justification for Request	Base Pay: \$ Job Code: _ Employmer	/mont Skill Level: at Status: ange Progression Review	h, \$/annually Bargaining Unit: Time Base:		
Department: Classification: Working Title: 7. Justification for Request In-Range Progression Review ** Per the application	Base Pay: \$ Job Code: _ Employmer	/montSkill Level: at Status: ange Progression Review □ Per	h, \$/annually Bargaining Unit:Time Base: must be identified below: ** formance		
Department: Classification: Working Title: 7. Justification for Request In-Range Progression Review ** Per the application Assigned application of new or enhanced s	Base Pay: \$ Job Code: _ Employmer Die CBA, the basis for an In-R kill(s)	/montSkill Level: at Status: ange Progression Review	h, \$/annually Bargaining Unit:Time Base: must be identified below: ** formance		
Department: Classification: Working Title: 7. Justification for Request In-Range Progression Review ** Per the applicate Assigned application of new or enhanced s New lead work or project coordination	Base Pay: \$ Job Code: _ Employmen Die CBA, the basis for an In-R kill(s)	/montSkill Level: at Status: ange Progression Review	h, \$/annually Bargaining Unit:Time Base: must be identified below: ** rformance uity		
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Classification: Working Title: 7. Justification for Request In-Range Progression Review ** Per the applicate Assigned application of new or enhanced s New lead work or project coordination Other salary related criteria Justification (a separate sheet may be attached 8. Employee (Employee Initiated ONLY) Employee Signature: Wo	Base Pay: \$ Job Code: _ Employmen Die CBA, the basis for an In-R kill(s)	/montSkill Level: at Status: ange Progression Review	h, \$/annually Bargaining Unit: Time Base: must be identified below: ** rformance uity es not warrant a reclassification)		

^{**} All employee initiated requests must be forwarded for signatures and submitted to Human Resources **



Classification and Compensation Request Form Human Resources

Name	Name	9. Appropriate	Administrator									
Dean/AVP	In the reviewed this request and I:											
I have reviewed this request and I:	Interviewed this request and :	Name		Title:		Signature:	Da	te:				
I have reviewed this request and I:	Interviewed this request and :	10. Dean/AVP										
1. Human Resources Recommendation Recommended:	Automation Percent Proposed Position Number: Proposed Num	I have reviewe	d this request and	II: 🗆 I suppo	rt this request	☐ I do not supp	oort this request.					
1. Human Resources Recommendation Recommended:	Recommended:	Name		Title:		Signature: Date:						
Recommended:	Recommended:											
Request Type: Classification:	Request Type:											
Increased Amount and Percent:	Increased Amount and Percent:			-								
AVP, Human Resources HRO: Signature: Date: 2. Budget Cabinet Financial Officer Current Position Number: Proposed Position Number: Was this increase funded? Yes No Funding Account Fund Dept. ID Project Program Class Source: Will the cabinet need addition funding? Yes (Total amount needed: Note: Will the cabinet need addition funding? Signature: Date: Signature: Signature: Date: Signature: Date: Signature: Date: Signature: Signature: Date: Signature: Date: Signature: Signature: Date: Signature: Signature: Date: Signature: Signatu	Note: AVP, Human Resources HRO: Signature: Date: 12. Budget Signature: Signature: 13. Budget Signature: 14. Budget Signature: 15. Budget Proposed Position Number: 16. Presidential Approval (C99 and MPP Request Only) 17. Inter a part of Provision Number: 18. Signature: 19. Date: 10. Date: 10	Job/Skill Code:	·	ИРР Code:	Exemp	ot: Pay [Ouration:					
AVP, Human Resources HRO: Signature: Date: 2. Budget Cabinet Financial Officer Current Position Number: Proposed Position Number: Was this increase funded? Yes No Funding Account Fund Dept. ID Project Program Class Source: Note: Note: Signature: Date: Signature: Signature: Date: Signature: Signature: Date: Signature:	AVP, Human Resources HRO: Signature: Date:	Increased Amo	unt and Percent:		Effecti	ve Start Date:	End Date	:				
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Current Position Number: Proposed Position Number: Was this increase funded?	Current Position Number: Proposed Position Number: Was this increase funded?	12. Budget										
Funding Account Fund Dept. ID Project Program Class Source: Will the cabinet need addition funding?	Funding Source:	Cabinet Financ	ial Officer									
Source: Will the cabinet need addition funding?	Source: Will the cabinet need addition funding?	Current Positio	n Number:	Proposed	Position Number:	Was	this increase funded	? □ Yes □ No				
Will the cabinet need addition funding?	Will the cabinet need addition funding?	Funding	Account	Fund	Dept. ID	Project	Program	Class				
Add. Funding	Add. Funding	Source:										
Source: Note: Cabinet Budget Officer: Signature: Date: Budget Administration & Operations Certification: Initial: Note: Executive Director, BAO: Signature: Date: 5. Provost/Vice President I have reviewed this request and I:	Source: Note: Cabinet Budget Officer: Budget Administration & Operations Certification: Initial: Executive Director, BAO: Signature: Date: 15. Provost/Vice President I have reviewed this request and I: I support this request Signature: Date: 16. Presidential Approval (C99 and MPP Request Only) I have reviewed this request, and approve the following percent/amount: I have reviewed this request, and approve this request. Return to Vice President.	Will the cabinet need addition funding? Yes (Total amount needed:) No										
Cabinet Budget Officer:	Cabinet Budget Officer:	Add. Funding	Account	Fund	Dept. ID	Project	Program	Class				
Cabinet Budget Officer:	Cabinet Budget Officer: Signature: Date: Budget Administration & Operations Certification: Initial: Note: Executive Director, BAO: Signature: Date: 15. Provost/Vice President I have reviewed this request and I: I support this request I do not support this request. Return to AVP. Note: Name of Provost/VP: Signature: Date: 16. Presidential Approval (C99 and MPP Request Only) I have reviewed this request, and approve Human Resources Recommendation I have reviewed this request, and approve the following percent/amount: and/or MPP level I have reviewed this request, and I do not support this request. Return to Vice President.											
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