



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

1. Request Type:

Department initiated Employee initiated (Per applicable Collective Bargaining Agreement)

2. HR Status:

HR consult occurred (Consulted by:) No HR consult required; for position description update

3. Complete Only if Applicable – Represented Employee

Bonus Stipend Equity In-Range Progression Classification Review Position Description Update
Reassignment: HR Recommendation

4. Complete Only if Applicable – C99 and MPP

Merit Bonus Equity Adjustment Promotion Retention
Reassignment: HR Recommendation

5. Requestor Information

Requestor Name: Title: Department: Phone: Email: Cabinet Area: Department Liaison: Title: Phone: Email:

6. Current Employee Data

Name: Department: Classification: Working Title: Employee ID: Date of Hire: Base Pay: Job Code: Skill Level: Bargaining Unit: Employment Status: Time Base:

7. Justification for Request

In-Range Progression Review ** Per the applicable CBA, the basis for an In-Range Progression Review must be identified below: **
Assigned application of new or enhanced skill(s) Retention Performance
New lead work or project coordination Increased workload Equity
Other salary related criteria Out of classification work (that does not warrant a reclassification)
Justification (a separate sheet may be attached if necessary).

8. Employee (Employee Initiated ONLY)

Employee Signature: Working Title: Date:
Name of Appropriate Administrator: Working Title: Date submitted to Administrator:

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



9. Appropriate Administrator

I have reviewed this request and I: I support this request I do not support this request.

Name _____ Title: _____ Signature: _____ Date: _____

10. Dean/AVP

I have reviewed this request and I: I support this request I do not support this request.

Name _____ Title: _____ Signature: _____ Date: _____

11. Human Resources Recommendation

Recommended: Yes Up to Provost/Vice President No _____

Request Type: _____ Classification: _____

Job/Skill Code: _____ MPP Code: _____ Exempt: _____ Pay Duration: _____

Increased Amount and Percent: _____ Effective Start Date: _____ End Date: _____

Note: _____

AVP, Human Resources HRO: _____ Signature: _____ Date: _____

12. Budget

Cabinet Financial Officer

Current Position Number: _____ Proposed Position Number: _____ Was this increase funded? Yes No

Funding Source:	Account	Fund	Dept. ID	Project	Program	Class

Will the cabinet need addition funding? Yes (Total amount needed: _____) No

Add. Funding Source:	Account	Fund	Dept. ID	Project	Program	Class

Note: _____

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.

Name of President: _____ Signature: _____ Date: _____