

Part I: Requestor Type	
Department Initiated	Employee Initiated (APC/CSUEU/ SUPA /Teamsters)

Part II: HR Status (For Department Initiated Requests Only)	
HR consult has occurred	No HR consult required; requesting position description update

Part III: Request Type (Please select one)	
<p>In-Range Progression Review</p> <p>Classification Review</p> <p>Bonus</p> <p>Stipend</p> <p>Position Description Update</p> <p>Reassignment Permanent Temporary Extension of Temporary Reassignment</p>	

MPP Request ONLY	
MPP:	Equity Increase Merit Bonus Merit Salary Increase Temporary Reassignment Promotion

Instructions: For in-range progression and classification review to be received and reviewed, all of the items listed below are required.	
Incomplete packets will be returned to the initiating party.	
<input type="checkbox"/> Justification for request (Part V-C)	<input type="checkbox"/> A proposed new position description & current position description
<input type="checkbox"/> An up-to-date organizational chart	<input type="checkbox"/> Signatures in Part VII, VIII, & IX (except Unit 4)

PART IV: Requestor Information		
Requestor Name (Please Print):	Working Title:	VP Area: Academic Affairs Admin Affairs & Finance Office of the President Student Affairs University Advancement
Department:	Phone:	
Email:	Employee ID Number:	

PART V: Current Employee Information				
Name (Please Print):	Employee ID Number:		Date of Hire:	
Department:	Base Pay:	\$	/month	\$ /annually
Classification/Job Code:	Bargaining Unit: 1 4 6 8 2, 5, 7 & 9 C99 E99 M80			
Working Title:	Employee Status:			Time base:
	Temporary	Probationary	Permanent	At will

PART V-A: Changes Proposed by Requestor (If Applicable)	
Proposed Classification/ Job Code:	Proposed Effective & End Date (If Applicable):

PART V-B: Unit Specific Criteria for In-Range Progression (If Applicable. ONLY CHECK THOSE THAT APPLY)

Bargaining Unit/Criteria:

- Unit 1 (UAPD) - Assigned application of enhanced skill(s) Retention Equity
- Units 2, 5, 7 & 9 (CSUEU) - Assigned application of new or enhanced skill(s) Retention Equity Performance
- Out-of-classification work that does not warrant reclassification Increased workload New lead work or new project coordination functions
- Other salary related criteria
- Unit 4 (APC) - Increased responsibilities & skills Extraordinary Performance Market or Pay Equity
- Unit 6 (Teamsters Local 2010) - Long-term service Retention Equity Assigned application of enhanced skill(s) Performance Out-of-classification work that does not warrant reclassification Increased workload New lead work or new project coordination functions
- Other salary related criteria
- Unit 8 (SUPA) - Increased responsibilities & skills Market or Pay Equity Performance
- C99 (Confidential Classifications)

PART V-C: Written Justification for Request (a separate sheet and/or memo may be attached if necessary; please be as thorough as possible)

PART VI: Employee (Employee Initiated ONLY)	
Employee Signature:	Date:
Name of Administrator:	Date submitted to Administrator (except Unit 4):

**** Except Unit 4, all request submitted to Human Resources (including Employee Initiated) must include the below signatures ****

PART VII: Appropriate Administrator to Whom the Employee Reports			
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 Appropriate Administrator:	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		
I have reviewed this request, and support the percent/amount requested.		
I have reviewed this request, and support the following percent/amount: _____ or <input type="checkbox"/> HR Recommendation Upon Review		
I have reviewed this request, and I do not support this request.		
Name of Provost/Vice President:	Signature:	Date:

**** Once completed and signed, please submit request with supporting documents to:
Human Resources, Siemens Hall 212****

HR Recommendation (HR Use Only)		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled	Effective Date:	Percentage Increase/New Base Salary: