|  |
| --- |
| ***Please check appropriate box.*** |
|  | **Employee Requested Classification Review:****(Classification Review for CSUEU employees ONLY)** |
| 1. **Employee**: Please complete Part I and Part II below and route this request to the Appropriate Administrator (first level non-bargaining unit supervisor, e.g. MPP, Dept. Chair, etc.) and **send a copy to Human Resources**. If you need assistance completing this form, please contact your Appropriate Administrator. Should the review result in a change in classification and/or skill level, the effective date is normally the first day of the pay period following the date the request for the classification review is received in Human Resources. Requests can be submitted via email or hardcopy and the date received by Human Resources will be used in determining the effective date of any change.
2. **Manager/Admin**: If your employee has initiated this request, review Parts I and II, complete and/or add any additional documentation that is needed, and complete Part III. **Human Resources should be consulted within two weeks of receipt of an employee’s request for a classification review.** It is critical that employee requests are expedited in order to avoid potential violation of relevant contractual timelines, (e.g. *employee-requested* classification and/or skill level reviews shall be completed no later than one hundred eighty (180) days after initiation of the classification and/or skill level review procedure.) In order to proceed with the review procedure, it is necessary to have a complete request. A complete request consists of: 1) this form, 2) a revised updated position description reflecting the changes to the position that support the rationale and/or justification and, 3) if applicable, an organizational chart. The appropriate administrator is

responsible for ensuring the completion of the documents and forwarding to Human Resources in a timely manner. |
|  | **Management/Administrator Requested Classification Review:**(Defined as the first level non-bargaining unit supervisor, e.g. MPP, Dept. Chair, etc.) |
| 1. Please complete Parts I through III, checking the appropriate boxes as indicated. **Human Resources should be consulted prior to submission of management-initiated classification review request.** A complete request consists of: 1) this form, 2) a revised updated position description reflecting the changes to the position that support the rationale and/or justification and, 3) if applicable, an organizational chart. Submit complete requests to Human Resources for initiation of the formal review process. Receipt of requests will be acknowledgedby Human Resources and appointments for review will be scheduled as appropriate. |

|  |
| --- |
| **PART I: Position Information** |
| Employee Name: | Empl ID (if known): |
| Classification Title: | Working Title: |
| Bargaining Unit: | Phone Number: |
| Department Name: | College/Division Name: |
| Appropriate Administrator Name: | Appropriate Admin’s Title: |
| Next Level Administrator Name: | Next Level Admin’s Title: |

|  |
| --- |
| **PART II: Rationale for Proposed Change in Classification or Skill Level: *(Be as detailed and specific as possible.)*** |
|  |
| I, the employee, have explained above the rationale for proposed changes to the current classification and/or skill level of this position. |

|  |
| --- |
| **PART III: For Administrator Use Only:** |
| Date Request Received by Appropriate Administrator |  | Classification Review (Potential change in classification or skill level) |  | In-Range Progression (Salary increase only; no change in classification or skill level.) Please refer to In-Range Progression Guidelines at:<http://www.csustan.edu/HR/Apps-Forms-Policies-> Procedures/Documents/InRangeSalryProgGuideProg.doc |
| **Attachments:** |  | Position Description |  | Organizational Chart (should be attached if changes in department structure) |
|  | Funding identified to cover cost of reviewAcct # to charge: |  | Funding identified if potential changes adoptedAcct # to charge: |  | Need to identify funding if changes adopted |

|  |
| --- |
| **PART IV: For Human Resources Use Only:** |
| Date Request for Review received in HR: (Determines effective date if changes result from the review) | Date Complete Request received in HR: (Determines contractual timelines for completion of employee requested reviews) |
| **Transaction Type:** |  | Reclassification |  | In-Class Progression |  | Other |
| Disposition/Notes: |
| Current Monthly Salary: New Monthly Salary: Percentage Change: New Probationary Period: Yes No (if No, must have AVP approval and current performance evaluation on file) Effective Date: PIMS Position #: New PIMS Position #: CMS Position #: New CMS Position #:  |