



Manager Initiated Reclassification Request Form

INSTRUCTIONS

In order for the request to be accepted and reviewed, all of the items listed below are required at the time of submission to Human Resources. You may reference the last page for detailed instructions on how to complete the appropriate information. Please forward the completed and signed form, with any supporting documentation, to: class_comp@csustan.edu. Reviews will be conducted in accordance with the appropriate [Collective Bargaining Agreement](#). Incomplete requests will be returned to the initiating party. The Classification & Compensation Unit will confirm receipt of request via email to the employee and the appropriate administrator.

STEP 1: EMPLOYEE INFORMATION

Employee Name:		Employee ID:	
Classification:		Working Title:	
Manager Name:		Manager Email:	
Department:		Division:	
Bargaining Unit:	Has the employee received IRP, Stipend, Bonus, or Reclassification within the last 12 months? If yes, received on:		

STEP 2: REQUIRED DOCUMENTS

Attachments included: Written justification for request (*please be as thorough as possible*)
 Current Position Description Updated Position Description
 Organizational Chart (*required if changes in department structure*)

STEP 3: BUDGET & POSITION CONTROL INFORMATION TO BE COMPLETED BY MANAGER & CONFIRMED BY DEPARTMENT ANALYST

CMS Position Number	Suggested Increase Amount	Max Annual Salary	Funding Available	Internal Department Analyst Date:

STEP 4: ACKNOWLEDGMENT

All requests submitted to Human Resources must include the below signatures.

Required Signatures as applicable	Print Name	Signature	Date forwarded to next level administrator
Direct Supervisor			
Appropriate Administrator			
Dean/Director/AVP			
Vice President			

*Submit completed and signed request, with any supporting documentation, to: class_comp@csustan.edu.