

#   Student Employment

# Salary / Classification Level Adjustment Request

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| --- | --- | --- | --- | --- |
| Student Employee Last Name | First Name | MI | Student ID# | Effective Date\* |
|  |  |  |  |  |

**\*NOTE:** Approved pay increases will be effective the first day of the following pay period after date received in the Human Resources Office.

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| --- | --- | --- | --- | --- | --- |
| Department Name | Dept ID | Account | Fund | Program Code | Salary Class Level (I, II, III, IV) |
|  |  |  |  |  |  |

In accordance with the [Student Assistant Classification & Pay Guidelines](https://www.csustan.edu/sites/default/files/groups/Human%20Resources/emp-services/studentassistantclassificationpayguidelinesrev_1.13.17.pdf), classification levels (Student Assistant Class I, II, III, IV) and salary ranges are to be utilized in making classification level and salary determinations. Each class level has a separate salary range. The classification level must be determined by analyzing the duties and responsibilities of the position before any salary placement can occur. Please provide justification for this increase below and attach any supporting documentation as appropriate. Supplemental information may be requested by Human Resources for use in reviewing this request.

**JUSTIFICATION**: (attach additional sheets, or documentation, as necessary)

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**TYPE OF TRANSACTION (check one):**

**[ ]**  **Service Pay Increase** from: Current Rate $  per hour to New Rate $  per hour.

Student successfully completed 500 hours of work within the department on and has satisfactory, or above, work performance. Service pay increases are generally in .25 cent increments.

**[ ]**  **Reclassification** from: Current Level  Rate $  per hour to New Level  Rate $  per hour.

Mark one: [ ]  Undergraduate [ ]  Graduate If undergraduate, class standing:

Supporting documentation (e.g., change in duties statement, a revised position description, student’s work history) is required and additional information may be requested by Human Resources for use in reviewing this request.

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**Recommending Supervisor/Lead Name (Print) Recommending Supervisor/Lead Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Department Head Name (Print) Department Head Signature Date**

(Must be MPP/or Dept Chair)

**For HR/Payroll Use Only:**

(As of the       pay period, student has worked       hours since last increase, verified by Payroll on       by      .)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_**

HR Manager Signature Date