



Classification and Compensation Request Form

Human Resources

Instructions: Use this form for all **Staff and MPP requests**, and **Coaching and Counseling Faculty** classification review requests. In order for the request to be received and reviewed, all of the items listed below are required at the time of submission to HR. Please forward signed forms to **classcomp@csumb.edu**. Incomplete packets will be returned to the initiating party. Reviews will be completed in accordance with the appropriate [Collective Bargaining Agreement](#).

- √ Appropriate administrator/s approval signatures (All Requests)
- A current position description and a Word version of the proposed position description (Manager-Initiated Requests Only)
- An up-to-date organizational chart (Manager-Initiated Requests Only)

Part I: Requester	
<input type="checkbox"/> Manager	<input type="checkbox"/> Employee

Part II: Human Resources Consultation	
<input type="checkbox"/> Consultation with Class & Comp has occurred	<input type="checkbox"/> No prior consultation with Class & Comp

Part III: Request Type	
Staff Requests	
<input type="checkbox"/> Bonus	
<input type="checkbox"/> Stipend	
<input type="checkbox"/> Position Description Review	
<input type="checkbox"/> Classification Review	
<input type="checkbox"/> In-Range Progression Review (Please select the appropriate criteria per CBA)	
CSUEU: <input type="checkbox"/> Assigned application of new or enhanced skills <input type="checkbox"/> Retention <input type="checkbox"/> Equity <input type="checkbox"/> Performance <input type="checkbox"/> Increased workload <input type="checkbox"/> Out-of-class work that doesn't warrant a reclass <input type="checkbox"/> New lead work or new project coordination <input type="checkbox"/> Other salary related criteria	
APC: <input type="checkbox"/> Increased responsibilities & skills <input type="checkbox"/> Recognition of extraordinary performance <input type="checkbox"/> Market or pay equity	
TEAMSTERS: <input type="checkbox"/> Long-term Service <input type="checkbox"/> Retention <input type="checkbox"/> Equity <input type="checkbox"/> Assigned application of enhanced skill(s) <input type="checkbox"/> Performance <input type="checkbox"/> Increased workload <input type="checkbox"/> Out-of-class work that doesn't warrant a reclass <input type="checkbox"/> New lead work or new project coordination <input type="checkbox"/> Other salary related	
SUPA: <input type="checkbox"/> Increased responsibilities & skills <input type="checkbox"/> Market or pay equity <input type="checkbox"/> Performance reasons	
<input type="checkbox"/> Reassignment <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Temporary Reassignment Extension	
MPP (M80) & Confidential (C99) Requests	
M80: <input type="checkbox"/> Equity Increase <input type="checkbox"/> Merit Bonus <input type="checkbox"/> Merit Salary Increase <input type="checkbox"/> Temporary Reassignment <input type="checkbox"/> Permanent Reassignment <input type="checkbox"/> Position Description Review	
C99: <input type="checkbox"/> In-Range Progression <input type="checkbox"/> Merit Bonus Program <input type="checkbox"/> Temporary Reassignment <input type="checkbox"/> Permanent Reassignment <input type="checkbox"/> Position Description Review <input type="checkbox"/> Reclassification	
Coaching & Counseling Faculty (R03) Requests	
<input type="checkbox"/> Classification Review	

PART IV: Requester Information		
Requester Name:	Manager/Dept. Contact:	Division:
Title:	Title:	<input type="checkbox"/> Academic Affairs
Department:	Department Location:	<input type="checkbox"/> Admin & Finance
Phone:	Phone:	<input type="checkbox"/> Office of the President
		<input type="checkbox"/> Student Affairs
		<input type="checkbox"/> University Advancement

PART V: Current Employee Data			
Name:	Employee ID Number:	Date of Hire:	
Department:	Base Pay: \$	/month	\$ /annually
Classification/Job Code:	Bargaining Unit:		
	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 2, 5, 7 & 9 <input type="checkbox"/> C99 <input type="checkbox"/> E99 <input type="checkbox"/> M80 <input type="checkbox"/> R03		
Working Title:	Employee Status:	Timebase:	
	<input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent <input type="checkbox"/> At will		

PART V: REQUIRED - Justification for Request (a separate sheet may be attached if necessary)

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PART VI: Employee's Signature (ONLY Employee-Initiated)

Signature:	Title:	Date:
Name of Administrator:		Date Submitted to Administrator:

**** All requests submitted to Human Resources (including Employee-Initiated) must include the below signatures ****

PART VII-A: Changes—Proposed by Manager

Proposed Classification/ Job Code: _____ / _____	Proposed Effective & End Date: _____ - _____	Proposed Increase: _____ % = _____ /month
New Location(if applicable): _____		New Phone #(if applicable): _____

PART VII-B: Department Recommendation

I have reviewed this request and I:			
<input type="checkbox"/> support this request <input type="checkbox"/> do not support this request			
Name of Reports to MPP:	Title:	Signature:	Date:
I have reviewed this request and I:			
<input type="checkbox"/> support this request <input type="checkbox"/> do not support this request			
Name of Department Director:	Title:	Signature:	Date:

PART VIII: AVP/Dean Recommendation

I have reviewed this request and I:		
<input type="checkbox"/> support this request <input type="checkbox"/> do not support this request		
Name of AVP/Dean:	Signature:	Date:

PART IX: Provost/Vice President Approval

<input type="checkbox"/> I have reviewed this request, and I support the percent/amount requested.		
<input type="checkbox"/> I have reviewed this request, and I support the following percent/amount: _____ or <input type="checkbox"/> HR Recommendation Upon Review		
<input type="checkbox"/> I have reviewed this request, and I do not support this request. Return to Director/Dean (Employee-initiated must be routed to HR)		
Budget Officer (confirmed funding):	Signature:	Date:
Name of Provost/Vice President:	Signature:	Date:

PART X: President Approval (if applicable)

<input type="checkbox"/> I have reviewed this request, and I support the percent/amount requested.	
<input type="checkbox"/> I have reviewed this request, and I support the following percent/amount: _____ or <input type="checkbox"/> HR Recommendation Upon Review	
<input type="checkbox"/> I have reviewed this request, and I do not support this request.	
President's Signature:	Date:

PART XI: Human Resources

Reviewed By:	Signature:	Date:	Comments:
Approved By:	Signature:	Date:	