Prior to submitting a Staff Compensation and Classification Request Form, please review the following instructions and contact Human Resources with any questions.

Part I: Requestor Type

Select the checkbox “Department Initiated” if the request is initiated by an employee’s appropriate administrator. Requests for bonus, stipend, and position description update should only use this checkbox.

Select the checkbox “Employee Initiated” if you are requesting an in-range progression or classification review for your own position.

Part II: HR Status

Part II only applies to Department Initiated requests.

It is strongly recommended that prior to any department initiated request, the appropriate administrator consult with Human Resources. The Compensation & Classification Manager can be reached at (707) 826-5175.

Part III: Request Type

Please select the checkbox for the type of request. Not all employees are eligible for all types of requests. Please refer to the applicable collective bargaining agreement to determine eligibility, applicable criteria, and for further detail.

To be considered complete, all requests should include a justification (Part V-C). Requests for in-range progression and classification review should include a proposed new position description & current position description, an up-to-date organizational chart and signatures in Part VII, VIII, & IX.

Employee initiated request for in-range progression for Unit 4 employees may be submitted directly to Human Resources without signatures in Part VII, VIII, & IX. Please call the Compensation & Classification Manager with any questions at (707) 826-5175.

Part IV: Requestor Information

If the request is “Department Initiated” the requestor information is the specified information for the requesting appropriate administrator. If the request is “Employee Initiated”, the requestor information is the specified information for the employee.

Part V: Current Employee Information

For both “Department Initiated” and “Employee Initiated” requests, this section includes pertinent employee information. For “Employee Initiated” requests, some data may be copied from Part IV.

Part V-A: Changes Proposed by Requestor (If Applicable)

For requests that propose a change in classification, indicate the proposed new classification and associated job code in this section.
For temporary reassignments and requests for stipend, indicate the proposed effective date and end date for effective duration in this section.

**Part V-B: Unit Specific Criteria for In-Range Progression**

*This section should only be completed for requests for In-Range Progression.*

Select the bargaining unit to which the employee belongs, then select the criteria for In-Range Progression that applies to the request.

**Part V-C: Written Justification for Request**

In detail, describe the reasoning and/or circumstances that prompted the request. The justification should include any proposed salary increase and proposed effective date, where appropriate. An additional memo or additional supporting documentation may be attached to the request, if necessary.

**Part VI: Employee Signature**

For employee initiated requests for in-range progression and classification review only.

APC (Unit 4) employees may submit requests for IRP directly to Human Resources and do not need to indicate the date the request was submitted to their appropriate administrator if the request was submitted directly to HR.

CSUEU (Units 2, 5, 7 & 9) and Teamsters (Unit 6) employees may submit their request for IRP directly to Human Resources, if after submitting their request to their appropriate administrator, their appropriate administrator has not forwarded their request to Human Resources within 30 days.

**Part VII: Signature of the Appropriate Administrator to Whom the Employee Reports**

The appropriate administrator to whom the employee reports completes this section. Please include the name of the appropriate administrator, working title, signature, date of signature, and an indication of whether the request is supported or not.

**Part VIII: Signature of the Dean/AVP**

The Dean or Associate Vice President completes this section. Please include the name of the Dean or AVP, their working title, signature, date of signature, and an indication of whether the request is supported or not. If the appropriate administrator to whom the employee reports is a Dean or AVP and has completed Part VII, this section can be left blank.

**Part IX: Signature of the Provost/Vice President**

The Provost or appropriate Vice President completes this section. Please include the Vice President’s name, signature, date, and indication of whether the request is supported or not.