

Sections 1.A-B To be completed by department/unit (Check Appropriate Boxes)

SECTION 1.A

Type of Action: Classification Review Equity Stipend Stipend Extension
 Updated Job Description Transfer Demotion

Term of Action: Permanent (Effective Date): _____ Temporary (Start/End Date): _____

Principal Officer: Chancellor VC (Name): _____ University Librarian
 EVC Dean/Director (Name): _____

SECTION 1.B

Employee Name: _____ **Employee ID:** _____

Unit Name: _____ **Unit Contact:** _____

Service Team Contact: _____

Employment Status: Career Partial-Year Career Contract Limited
Current Personnel Program: Represented PSS MSP SMG

Current Classification: _____ **Proposed Classification:** _____

Current Title Code: _____ **Proposed Title Code:** _____

Current Step or Grade: _____ **Proposed Step or Grade:** _____

Current Salary Rate (Hourly/Annual): \$ _____ **Proposed Salary Rate (Hourly/Annual):** \$ _____

Proposed Stipend, (Flat Dollar Amount): \$ _____

Is this a Critical Position? *To be determined in conjunction with Employee & Labor Relations Analyst prior to classification review. See [Critical Functions Guide](#).*

Check all that apply:

No Yes, verify license, certificate, or degree. Indicate type: _____

Yes, requires criminal history background check Yes, requires other action: _____

Instructions: For Classification Review, include a Classification Questionnaire, a current and proposed Job Description, an organization chart and a Job Description Addendum, if applicable. For all other actions, briefly describe reasons and key details of proposed actions and attach an updated Job Description or a list of additional duties assigned.

Comments: _____

Source of Funds	Specify %	FTE	CY Costs	FY Costs	FAU Codes	Other Coding	Sub #	E-Verify
<input type="checkbox"/> Unit <input type="checkbox"/> Div								<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unit <input type="checkbox"/> Div								<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unit <input type="checkbox"/> Div								<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unit <input type="checkbox"/> Div								<input type="checkbox"/> Yes <input type="checkbox"/> No

Estimated Costs: CY: _____ FY: _____

Supervisor Signature: _____ **Date:** _____

Unit Head Signature (if appropriate): _____ **Date:** _____

To Be Completed by the UE HR Office:

Principal Officer Signature(if appropriate): _____ **Date:** _____

Budget Officer Approval Signature: _____ **Date:** _____