

CLASSIFICATION REVIEW REQUEST FORM

INSTRUCTIONS: Employee-initiated requests should be submitted to manager. Manager-initiated requests should be signed by appropriate administrators and forwarded to HR for review. For MPP's, use the MPP Action Form.

EMPLOYEE INFORMATION							
Employee Name			Classification				
Unit/Department			Division				
		1		1			
CSUEU (Units 2, 5, 7, 9)	APC (Unit 4)	Teamsters (Unit 6)		SUPA (l		Confidential	
Requested By	Managan	Requestor Name			Date Re	quested	
Employee	Manager						
JUSTIFICATION FOR REQUEST: *Attach position description in Word format and organization chart							
		•					
			•				
FUNDING CONFIRMATION	N: Funding for approved requ	vests must con	me from the emp	ployee's primar	y department	t.	
			,		•		
Funding Source:							
APPROVED FOR REVIEW							
	Dean/Director/Administrator co	onfirms that the	ere is sufficient bu	dget to support t	he requested :	salary. If the request and HR	
recommendation differ, it is the responsibility of the department to obtain re-approval or communicate revision per PAT Member's expectations.							
Dean/Director/Administrator			Date		Comments		
PAT Reviewer (optional)			Date		Comments		
PAT Member			Date		Comments		
			~				
DECEMED DV III MAAN DE	COURCEC						
RECEIVED BY HUMAN RES	SOURCES				Date		
HR Analyst					Date		