California State University SAN MARCOS

Office of Human Resources

Alternate Pay Plan Request Form

INSTRUCTIONS:

Employees: Complete the first part of this form, select one option below, and route to your appropriate administrator no later than August 1, 2025for consideration and approval/denial.

MPP: Review and provide completed form, reflecting approval or denial of request, to employee **and** to HR (hr@csusm.edu) prior to August 22, 2025. Approval should be based on operational needs.

Eligible only for CSUEU, APC, Confidential & MPP employees.

CSUEU and APC Employees: I understand that the CSUEU and APC collective bargaining agreements require a 21-day notice of schedule change and, since this is solely a voluntary request, I would like to waive the 21-day notice period.

Employee ID Number	**Employee Name**	**Bargaining Unit**
Proposed Effective Date	**Employee Signature**	

Department ID	**Department Name**

Alternate Pay Plan

10/12 Plan with 17% salary reduction	**Requested Leave Months**
11/12 Plan with 9% salary reduction	

TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR (MPP)

The employee's alternate pay plan schedule has been approved.

_____ _____

MPP Signature Date

HUMAN RESOURCES	**PAYROLL**
	Alternate pay plan schedule has been entered effective MONTH XX, 20XX through MONTH XX, 20XX.
_____	_____
HR Analyst Signature Date	Payroll Signature Date