



Today's Date: _____

CURRENT EMPLOYEE CHANGE REQUEST**PART I: GENERAL INFORMATION**

Department Name: _____ Department ID: _____
Classification Title: _____ Working Title: _____
CSU Class (Job Code): _____ Skill Level: _____
Form Completed By: _____ Extension: _____ E-mail: _____
(Print Name)
Position reports to: _____
(Appropriate Administrator) (Working Title)
Employee Name: _____
Position #: _____

PART II: CURRENT EMPLOYEE CHANGE REQUEST

TRANSACTION IS: ☐ Permanent ☐ Temporary Ending Date: _____
Proposed Start/Effective Date: _____

Pay Plan Change: Current: ☐ 12 Month ☐ 10/12 ☐ 11/12 (as available per CBA)
☐ Other _____ Period(s) Off: _____
To: ☐ 12 Month ☐ 10/12 ☐ 11/12 (as available per CBA)
☐ Other _____ Period(s) Off: _____
Extension of current pay plan change to: _____

Time Base Change: From: _____ hrs./week To: _____ hrs./week
Extension of current time base change to: _____
(Date)

Classification Review Request ☐
Extension of current temporary reclassification to: _____
(Classification Review Form and Organizational Chart Required) (Date)

In-Range Progression (IRP): Recommended % Increase _____ Amount/Month \$ _____
(IRP Form Required)

Monthly Stipend: Recommended % Increase _____ Amount/Month \$ _____
(Not Available for (Justification Memo Required)
Units 4 & 6)

Beginning Date: _____ Ending: _____
Extension of current monthly stipend to: _____
(Date)

FUND (Required)	DEPT. ID (Required)	PROGRAM (If applicable)	PROJECT/GRANT (If applicable)	CLASS (If applicable)	ALLOCATION %	REPORTING UNIT (Required)
FUND (Required)	DEPT. ID (Required)	PROGRAM (If applicable)	PROJECT/GRANT (If applicable)	CLASS (If applicable)	ALLOCATION %	REPORTING UNIT (Required)

DOCUMENTS ATTACHED:

☐ Organizational Chart ☐ Classification Review Form ☐ Justification Memo ☐ IRP Form

Part III: APPROVALS - Please route form in the order identified.

	Print Name	Signature	Date
Chair/Dept. Mgr.	_____	_____	_____
Dean/Director/AVP	_____	_____	_____
GRaSP <i>(req'd for all grant-funded positions)</i>	_____	_____	_____
Appropriate Budget Liaison	_____	_____	_____
<input type="checkbox"/> Funding Verified			
Vice President	_____	_____	_____

Human Resources: ☐ Action Approved ☐ Action Denied

Comments: _____

Position #: _____ MPP Job Code: _____

HR Reviewer: _____

Print Name	Signature	Date
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Appropriate Changes Completed

University Budget Office: _____

Print Name	Signature	Date
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Comments: _____

For HR Use Only	FLSA Status:	<input type="checkbox"/> Livescan
Union Code: _____	<u>CSU Determination</u>	<input type="checkbox"/> Background Check
Grade: _____	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	<input type="checkbox"/> Pre-Employment Physical
	<u>CSUB HR Determination</u>	<input type="checkbox"/> Credit Check
	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	<input type="checkbox"/> Motor Vehicle Report
	Position #: _____	<input type="checkbox"/> Other
	MPP Job Code: _____	
Classification Review Request		
Recommended % Increase _____ Amount/Month \$ _____		
(Position Description Required) (Organizational Chart Required)		

Return to HR for Final Action - 39 ADM

Instructions for Completing the Current Employee Change Request (CECR) Form

Part I: General Information

- Department Name: Name of Department housing affected position
- Department I.D.: DXXXXX
- Classification Title: CSU classification title of position (Link to CSU Classifications) <https://csyou.calstate.edu/Divisions-Orgs/HR/hrm/Compensation/Classification%20Standards/Forms/AllItems.aspx>
- Working Title: Title of position affected.
- CSU Class (job code): Job code of CSU Classification <https://csyou.calstate.edu/Divisions-Orgs/HR/hrm/Compensation/Classification%20Standards/Forms/AllItems.aspx>
- Skill Level: Skill level, if applicable, of position affected.
- Form Completed by: Name of Person completing form and person to contact with questions.
- Email: Email of person to contact with questions.
- Position Reports to: Person the affected position reports to (appropriate administrator) and working title.
- Employee Name: Name of employee change request is for.
- CMS Position #: Listed on Labor Cost Distribution Report (LCD).

Part II: Current Employee Change Requests

- Trans is:
 - Appointment/Transaction is: Identify if position is permanent or temporary and indicate ending date if applicable.
 - Start/Effective Date: Identify proposed start date.
- Pay Plan Change:
 - Current Pay Plan: Identify if the position affected is currently a 12-month, 10/12, 11/12 or other pay plan, as allowed by each specific MOU. If position is other than 12-months, indicate what months the incumbent currently has off.
 - To: Identify what pay plan is proposed and what month/s employee will be off.
 - Extension of current pay plan change to: identify extension date.
- Time Base Change: Identify the employee's current time base and the proposed time base.
 - Extension of current temporary reclassification: identify extension date
- Classification Review Request:
 - Extension of current time base change to: identify extension date
- In-Range Progression (IRP): Use this form for a supervisory or employee initiated IRP. Identify the recommended % increase from Supervisor.
- Monthly Stipend: Identify the recommended % increase and beginning and ending dates.
- Funding Information: Identify the funding information associated with this position.
- Documents attached: Check the attachment(s) that has/have been included with request.

Part III: Approvals – Please route form in the order identified

- Approvals: Route and obtain signatures indicated.
- Appropriate Budget Liaison:
 - Academic-related areas: Paula Miser
 - Non-Academic areas: Cristal Rios
- Human Resources: Review desired action to ensure appropriateness and compliance with laws, regulations, and MOUs.
- University Budget Office: Will complete to indicate appropriate adjustments made to budget.