



In order for requests to be received and reviewed, all of the listed items are required at the time of submission to HR.

****Request may be denied if supporting documents are not attached ****

- Current and/or Proposed Position Description
- Justification for Request (Include any supportive information/documentation you have)
- An up-to-date organization chart
- Submission Date to Appropriate Administrator

1. Previous Request

Have you ever submitted an employee-initiated Classification and Compensation request? ☐ No ☐ Yes (If so, when?: _____)

2. HR Consult:

☐ HR consult occurred (Consulted by: _____ Date: _____) ☐ No HR consult occurred

3. Request Type:

☐ In-Range Progression ☐ Classification Review
☐ Other: _____ ☐ HR Recommendation _____

4. Administrator's Information (MPP only)

Administrator Name: _____	Cabinet Area: _____
Title: _____	Department Liaison: _____
Department: _____	Title: _____
Phone: _____ Email: _____	Phone: _____ Email: _____

5. Employee Information

Legal Name: _____	Employee ID: _____	Date of Hire: _____
Department: _____	Base Pay: \$ _____ /month, \$ _____ /annually	
Classification: _____	Job Code: _____ Skill Level: _____	Bargaining Unit: _____
Phone: _____ Email: _____	Employment Status: _____	Time Base: _____

7. Justification for Request

In-Range Progression Review **** Per the applicable CBA, the basis for an In-Range Progression Review must be identified below: ****

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Assigned application of new or enhanced skill(s) | <input type="checkbox"/> Retention | <input type="checkbox"/> Performance |
| <input type="checkbox"/> New lead work or project coordination | <input type="checkbox"/> Increased workload | <input type="checkbox"/> Equity |
| <input type="checkbox"/> Other salary-related criteria | <input type="checkbox"/> Out of classification work (that does not warrant a reclassification) | |

Justification (Attach any supporting information or documentation, if necessary. If you are attaching a proposed position description, please ensure it is signed by your Appropriate Administrator/MPP).

8. Employee (Employee Initiated ONLY)

Employee Signature: _____	Working Title: _____	Date: _____
Name of Appropriate Administrator: _____	Working Title: _____	Date submitted to Administrator: _____

**** All employee-initiated requests must be forwarded for signatures and submitted to Human Resources ****