

## **Overview**

If an employee decides to pursue a classification review, the employee must submit a Classification Review Request form. The form should be submitted with any supplemental documentation (including specific information as to what duties and responsibilities have changed) to their Appropriate Administrator.

The Appropriate Administrator shall sign the request to acknowledge receipt and forward to Human Resources for review. Human Resources will confirm the date of receipt with the employee. Human Resources will meet with the Appropriate Administrator to review the employee's position description and any documents submitted with the request. The Appropriate Administrator must ensure the position description's major duties reflect the duties actually assigned to ensure properly classified.

Should additional information be required after the Appropriate Administrator and Human Resources meet, a desk audit will be scheduled to gather information directly from the employee performing the duties.

For a classification review, a review and decision must be completed within 180 days after the request is received by Human Resources for all represented employees.

For an In-Range Progression review, a review and decision must be completed within 90 days after the request is received by Human Resources for the following represented employees only - Union of American Physicians and Dentists (UAPD), the Academic Professionals of California (APC), and the State University Police Association (SUPA).

As part of the initial classification review, a review of the job description, similar positions elsewhere on campus or within the system, and a review of market salary data for comparable positions will be evaluated.

## **Approval**

If approved, Human Resources will work with Appropriate Administrator to get a PAF submitted. If denied, the employee will be notified in writing by Human Resources. The decision of a classification review shall be final and shall not be subject to either a grievance or complaint.

An employee shall not submit a request for a review prior to twelve (12) months following receipt of a response to any prior request.

## **Funding**

All classification salary increases are funded by campus funds only. Appropriate funding must be available to support such salary increases.

Employee Name:	Empl ID:
Working Title:	Classification Title:
Email Address:	Department:
Appropriate Administrator:	Division:

**Request Submitted by:**

Employee

Appropriate Administrator

**Type of Request**

**Reclassification:** Movement from one classification to one that is higher (All Represented Employees).

**In-Range Progression:** Movement within a salary range for a single classification (Union of American Physicians and Dentists (UAPD), the Academic Professionals of California (APC), and the State University Police Association Represented Employees Only).

**Reason for request:** (Please describe the reason for the request, and submit any appropriate supporting documentation).

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Appropriate Administrator Signature (Confirming Receipt of Request Only)**

\_\_\_\_\_  
**Date Received**