**Purpose:** Use this form to request a compensation review **for staff employees (Non-MPP\*)**. A compensation-only change will be processed through an in-range progression.

**Instructions:**

1. Complete sections 1-5.
2. Forward completed form via email to Workforce Planning classcomp@sjsu.edu.
3. If the rationale for the review includes changes to responsibilities, include an updated Position Description (PD) as well as a copy of the previously approved PD.
4. **Requestor Information**

|  |
| --- |
| [ ]  Employee [ ]  Appropriate Administrator (Immediate non-bargaining supervisor)Date submitted to Appropriate Administrator, if applicable\*\*:        |

## Employee Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |       | SJSU ID:       | Position Number:       |
| Department Name:  |       | Phone:       |  |

## Appropriate Administrator Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name:  |       | Title:      |  |  |
| Department Name:  |       | Phone:      |  |  |

## Rationale for Review

|  |
| --- |
|       |

## Signatures and Approvals

|  |  |
| --- | --- |
| **Requestor (required)** |  |
| Name: |        | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |       |  |
| **Appropriate Administrator (if not the requestor)**\*\* |  |
| Name: |       | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |       |  |
| Select One: |  |  |
| [ ]  I concur with this request and acknowledge that my organization is fiscally prepared to implement any changes that result from this review and that any internal budget review required by my department/division has been completed. I understand my acknowledgement does not guarantee a change in compensation and the final decision will be made by Human Resources. |
| [ ]  I do not concur with this request. |

*\* To request a compensation review for an MPP employee, make a request to your Division Vice President who will initiate the process with Human Resources.*

*\*\*****APC employees*** *may submit a compensation review request to HR without an Appropriate Administrator’s signature.* ***All other employee-initiated compensation review requests*** *should be submitted first to the Appropriate Administrator. If after 30 days the Appropriate Administrator has not forwarded the request to HR, the employee may send it directly.*