

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

Part I: General Information

CURRENT:

- Current Department Name: Name of Department where the affected position resides
- 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>
- Range: Range Code of position affected. Find on salary schedule below Job Code.
- 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).

New (if changing)

- Department Name: New department moving to
- Department ID.: #
- New Department #
- Classification Title: New classification moving to (or proposing)
- Working Title: New working title
- CSU Class Code: New Class Code
- Reports to: New administrator this employee will report to

Part II: Current Employee Change Requests

- Transaction 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.
- MPP Increase: Use this form (with attached justification to appropriate cabinet officer/V.P.) to request an increase for an MPP (Administrator).
- Monthly Stipend: Identify the recommended % increase and beginning and ending dates.
- Reassignment: Reflect any/all changes that apply under Part I. This should be completed following consultation with H.R. and is not meant to be used for classification review.
- 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 Divisional Budget Liaison.
- 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.



Today's Date: _____

Form Completed by: _____ Ext. _____

CURRENT EMPLOYEE CHANGE REQUEST

PART I: GENERAL INFORMATION

CURRENT:

Department Name _____ Dept. ID# _____

Classification Title: _____

Working Title: _____

CSU Class (Job Code): _____ Range _____

Position reports to: _____
(Appropriate Administrator)

Employee Name: _____

NEW (if changing):

Department Name: _____ Dept. ID # _____

Classification Title: _____

Working Title: _____

CSU Class (Job Code): _____ Range _____

Position reports to: _____
(Appropriate Administrator)

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: _____

Classification Review Request (Date)

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)

MPP Increase: Recommended % Increase _____ Amount/Month \$ _____

(Justification outlining additional duties)

Monthly Stipend: Recommended % Increase _____ Amount/Month \$ _____

(Not Available for Units 4 & 6) (Justification Memo Required)

Beginning Date: _____ Ending: _____

Extension of current monthly stipend to: _____

(Date)

Reassignment: (include all changes that apply-funding, reports to, permanent/temporary, effective date, etc.)

Position Control Action (PCAR) Request Form must be completed for any funding change.

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

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