**Purpose:** Use this form to request a classification review **for staff positions (Non-MPP\*)**. A classification change will be processed through either an in-class progression or job reclassification.

**Instructions:**

1. Complete sections 1-6.
2. Forward completed form, an organizational chart, an updated Position Description (PD), and the previously approved PD via email to Workforce Planning [classcomp@sjsu.edu](mailto:classcomp@sjsu.edu).
3. To Create a New Position
   1. Forward completed form along with an organizational chart and a Position Description Questionnaire (PDQ) in Word format via email to Workforce Planning ([classcomp@sjsu.edu](mailto:classcomp@sjsu.edu)). If you choose to draft the position description yourself, please include in lieu of the PDQ.

## Type of Request

|  |  |  |
| --- | --- | --- |
| Existing Position |  | Create New |
| Position Number: |  |  |

## Requestor Information

|  |  |
| --- | --- |
| Employee | Appropriate Administrator (immediate non-bargaining unit 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

|  |
| --- |
|  |

## 6. 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 classification or compensation and the final decision will be made by Human Resources. | | | | | | | |
| I do not concur with this request. | | | | | | | |

*\* To request a classification 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 classification review request to HR without an Appropriate Administrator’s signature.* ***CSUEU employees*** *must submit a classification review request to their Appropriate Administrator and HR at the same time.* ***All other employee-initiated classification review requests*** *should be submitted first to the Appropriate Administrator. If after 30 days (14 days for SETC) the Appropriate Administrator has not forwarded the request to HR, the employee may send it directly.*