

Employee Action Request (EAR) Form

Sections 1.A-B To be completed by department/unit (Check Appropriate Boxes)

SECTION 1.A

Type of Action: Classification Review Equity Stipend Stipend Extension
 Updated Job Description Transfer Demotion

Term of Action: Permanent (Effective Date): _____ Temporary (Start/End Date): _____

Principal Officer: Chancellor VC (Name): _____ University Librarian
 EVC Dean/Director (Name): _____

SECTION 1.B

Employee Name: _____ **Employee ID:** _____

Unit Name: _____ **Unit Contact:** _____

Service Team Contact: _____

Employment Status: Career Partial-Year Career Contract Limited
Current Personnel Program: Represented PSS MSP SMG

Current Classification: _____ **Proposed Classification:** _____

Current Title Code: _____ **Proposed Title Code:** _____

Current Step or Grade: _____ **Proposed Step or Grade:** _____

Current Salary Rate (Month/Hour): \$ _____ **Proposed Salary Rate (Month/Hour): \$** _____

Proposed Stipend Rate (Month/BW): \$ _____

Is this a Critical Position? *To be determined in conjunction with Employee & Labor Relations Analyst prior to classification review. See [Critical Functions Guide](#).*

Check all that apply:

No Yes, verify license, certificate, or degree. Indicate type: _____

Yes, requires criminal history background check Yes, requires other action: _____

Instructions: For Classification Review, include a Classification Questionnaire, a current and proposed Job Description, an organization chart and a Job Description Addendum, if applicable. For all other actions, briefly describe reasons and key details of proposed actions and attach an updated Job Description or a list of additional duties assigned.

Comments:

| Source of Funds | Specify % | FTE | CY Costs | FY Costs | FAU Codes | Other Coding | Sub # | E-Verify |
|--|-----------|-----|----------|----------|-----------|--------------|-------|--|
| <input type="checkbox"/> Unit <input type="checkbox"/> Div | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Unit <input type="checkbox"/> Div | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Unit <input type="checkbox"/> Div | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Unit <input type="checkbox"/> Div | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Estimated Costs: CY: _____ FY: _____

Supervisor Signature: _____ **Date:** _____

Unit Head Signature (if appropriate): _____ **Date:** _____

Principal Officer Signature (if appropriate): _____ **Date:** _____

Budget Officer Approval Signature: _____ **Date:** _____

Employee Action Request (EAR) Form

SECTION 2.A (To be completed by Compensation (for Reclassifications) or Employee & Labor Relations (for Stipends, Equities, Transfers, Demotions, or other actions))

| | | | |
|-------------------------------|---|---|--|
| Personnel Action Code: | <input type="checkbox"/> 38 - Reclass Upward | <input type="checkbox"/> 39 - Reclass Lateral | <input type="checkbox"/> 37 - Reclass Downward |
| | <input type="checkbox"/> 42 - Equity Increase | <input type="checkbox"/> 12 - Transfer | <input type="checkbox"/> 11 - Demotion |
| | <input type="checkbox"/> 26 - Stipend | <input type="checkbox"/> Stipend Extension | |
| Type of Action: | <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary | |
| Personnel Program: | <input type="checkbox"/> SMG | <input type="checkbox"/> PSS | |
| | <input type="checkbox"/> MSP | <input type="checkbox"/> Represented | |
| Classification Title: | _____ | | |
| Title Code: | _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt | | |
| Grade/Step: | _____ | | |
| % Increase: | _____ | | |
| Comments: | | | |

Effective Date(s) of Action:

Start Date: _____

End Date: _____

Employee Relations Code: _____

Employee Unit Code: _____

Current Rate (Month/Hour): _____

Actual \$ Increase (Month/Hour): _____

New Salary Rate (Month/Hour): _____

New Stipend Rate: _____

Requires Union Notice? Yes No

Compensation Signature: _____ **Date:** _____

SECTION 2.B (To be completed by operations team)

| | | | | | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Vacation Accrual Code: | A | B | C | D | G | H | J | K | N |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Changes Implemented by (Name): _____ Date _____

RETN: 5 years after separation, except in cases of disability, retirement or disciplinary actions, in which cases, retain until age 70.