

CURRENT EMPLOYEE / POSITION INFORMATION											
Employee ID:		Current Incumbent:			Position Number:		Reports To Name:		Reports To Position No.:		
Department ID:		Department:			Job Code:		Job Title:		Grade/Level:		
Working Title:							Time Base: %		<input type="checkbox"/> Intermittent		
Type: <input type="checkbox"/> Emergency Hire <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> MPP							Temporary-Exp Date:		Renewable: <input type="checkbox"/> Y <input type="checkbox"/> N		
ACTION REQUESTED		Effective Date*		End Date (if applicable)		Change To: (if applicable)					
NOTE: <input type="checkbox"/> If changes are Temporary, a New ARF will be required to end the temporary change. *Effective Date - Preferably the beginning of the pay period and not retroactive if possible.											
<input type="checkbox"/> Reports To Change Only <input type="checkbox"/>						Reports To Name:		Reports To Pos No:			
<input type="checkbox"/> Department ID Change Only <input type="checkbox"/>						Dept ID:		Dept Name:			
<input type="checkbox"/> Working Title Change Only <input type="checkbox"/>											
Attachments/Additional Documentation Required for below actions: <input type="checkbox"/> Explanatory Memo to Employee <input type="checkbox"/> Position Description (PD) - Should reflect ongoing changes											
<input type="checkbox"/> Reassignment <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary						Pos No:		Job Code:		Grade: Step:	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary – Include a list of duties in the DRAFT explanatory memo OR if attaching a full PD with memo, indicate "Temporary Reassignment" in upper right corner of PD						Class/Job Title:		Time Base:			
						Working Title:					
						Dept ID:		Dept Name:		Reports To Pos No:	
Stipend / Bonus		NEW: Stipend & Bonus Requests should be submitted through the CSUN portal → HR Forms & Policies → Employee Forms. The requests will be routed through an automated approval process, and the submitter will be notified when the request(s) are completed.									
<input type="checkbox"/> Temporary to Probationary						(Only between year 1 and 3 of appointment)					
<input type="checkbox"/> Time Base Change <input type="checkbox"/>						Time Base:					
						NOTE: Probationary or permanent employees may request a temporary decrease to time base through the Leave of Absence Request Form . Submit all Work Schedule Changes through the Portal.					
<input type="checkbox"/> Other											
Comment/Rationale:											
POSITION INFORMATION		Effective Date*		New / Changed Information							
<input type="checkbox"/> Inactivate				NOTE: Prior to inactivation, confirm that no positions report to position.							
<input type="checkbox"/> Freeze <input type="checkbox"/> Unfreeze											
<input type="checkbox"/> New Position				<input type="checkbox"/> One-to-One		<input type="checkbox"/> Pool - Headcount of:					
<input type="checkbox"/> Pool Position Headcount				<input type="checkbox"/> Increase to:		<input type="checkbox"/> Decrease to:					
RECRUITMENT		Route this form for approval through your division (<u>do not</u> use this form if you need to conduct a new recruitment)									
<input type="checkbox"/> Add Position/Headcount to an Active Recruitment		Requisition ID:		Requisition Working Title:							
Justification:											
CONTACT INFORMATION											
Name:					Extension:						
APPROVAL					Signature		Date		Ext.		
1 st MPP Administrator / Department Chair:											
2 nd MPP Administrator / DFO (required if any Budget impact):											
3 rd MPP Administrator (if applicable):											
FOR HR USE ONLY											
Received by HR Class & Comp Initials:					Date:						
Empl Class		Grade	Step	Actual Salary		Base Salary		MPP Job Code		Class & Comp FLSA Threshold Check	
<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Hrly? Or Actual < \$2964/mo? <input type="checkbox"/> Job Code Change? <input type="checkbox"/> Dept/EE Notice											
Comments											
OHR Approval		Date		Position Mgmt		Date		Ops Process		Date	

Instructions: Use this form to request changes to **Staff & MPP** employee or position information. The completed form and any additional supporting documentation should be emailed to hrclass-comp@csun.edu. *Faculty & Student actions should be submitted to [HR Academic Personnel/Operations](#).* If you have any questions, please contact HR Classification and Compensation at hrclass-comp@csun.edu. Thank you.

Item	Description
NOTE: Current Employee/Position Information can be found under Manager's Workbench.	
Employee ID	Enter the employee's 9-digit PeopleSoft ID Number if applicable. If vacant, leave blank.
Current Incumbent	Enter the employee's full name if position is filled. If Vacant, leave Blank.
Position Number	Enter the current employee's position number. If vacant, enter the position number that you are requesting the change for.
Reports To Name	Enter the name of the employee/position's current direct Reports To in PeopleSoft.
Reports To Position No.	Enter the position number of the employee's direct reports to.
Department ID	Enter the employee/position's current 5-digit department ID.
Department	Enter the employee/position's current department name.
Job Code	Enter the employee/position's current 4-digit job code.
Job Title	Enter the employee/position's job title (aka classification title) (which could be different from the working title).
Grade/Level	Enter the employee/position's grade/level (aka range) associated with the position.
Working Title	Enter the employee's working title (could be different from the job title).
Time Base %	Enter the percentage of time that the employee works per week. (If it is full-time time the percentage is 100% if it is part-time the percentage is less than 100%).
Intermittent	Indicate if the employee/positin is Intermittent (works on-call and at an hourly rate).
Type	Indicate the employee's status. Check one of the options. If it is temporary, please specify the expiration date and select if it is renewable or not (yes or no).
Change To Information	
Effective Date	- Indicate when the transaction should be effective. Utilize date format MM/DD/YYYY - Preferably the beginning of the pay period and not retroactive if possible.
End Date	- Indicate when the transaction should be ended (if applicable). Utilize date format MM/DD/YYYY
Reports To Change Only	- Complete if requesting a Reports To Change Only. Fill in new Reports To Name and Reports To Position Number. - If the change is temporary, a new ARF will be required to end the temporary change.
Department ID Change Only	- Complete if requesting a Department ID Change Only. Fill in new Department ID and Department Name. - If the change is temporary, a new ARF will be required to end the temporary change.
Working Title Change Only	- Complete is requesting Working Title Change Only. Fill the new working title. May also require an updated Position Description. - If the change is temporary, a new ARF will be required to end the temporary change.
Reassignment	- Select the type of reassignment: Permanent or Temporary. - Fill in the all information in the same row with the new reassignment information (Position Number, Job Code, etc.). - Attachment 1: Attach a DRAFT Explanatory Memo that will go to the employee once approved by HR. - Attachment 2: If the reassignment is permanent attach a position description form.
Stipend / Bonus	NEW: Stipend & Bonus Requests should be submitted through the CSUN portal → HR Forms & Policies → Employee Forms. The requests will be routed through an automated approval process, and the submitter will be notified when the request(s) are completed.
Temporary To Probationary	- Select this box for changes from Temporary to Probationary. - Only between years 1 and 3 of the appointment.
Time Base Change	- Fill all the information in with the new Time Base - An attachment/ additional documentation is required: Explanatory Memo. - If requesting a temporary decrease in time base for a Probationary or permanent employee , please submit through the leave of absence request form . Submit all work schedule changes through the portal.
Other	- Select this box for all other actions, this includes Bouses or Temporary Salary increases for MPP, C99, Coaches etc. - Additional documentation may be required. Please attach an Explanatory Memo, justification and/or include a comment or detailed explanation of this action in the section <i>Comment/Explain</i> .
Comment/Explain	- Provide a detail explanation/rationale about the transaction
Position Information	
Inactive	- Select if requesting to inactivate a position number. Position must be vacant. - Note: Prior to inactivation, confirm that no positions report to the position being inactivated. Submit an ARF for Reports To adjustments.
Freeze	- Select if requesting to Freeze a position number. Position must be vacant. - Note: Confirm that no positions report to the position being frozen.
Unfreeze	- Select if requesting to Freeze a position number. - Indicate job opening ID if requesting for purposes of a pending or existing recruitment.
New position	- Select if requesting to create a New position outside of a recruitment.
Pool Position Headcount	- Select if requesting to Increase or Decrease a Pool Position Headcount.
NEW: Recruitment Do not use this form if you need to conduct a new recruitment (Contact recruitmentsvcs@csun.edu for details on that process)	
Add Position/Headcount to an Active Recruitment	- Use this section to obtain approval to add a position number or increase headcount to an active recruitment. - Division Approval Required - Route this form for approval through your division
Contact Information	Indicate the contact information. (Name, Extension)
Approvals	Name/Signature/Date of the MPP Administrator/Department Chair. DFO/HR/Finance Manager approval is required for actions that have budget impact. Check with Division contact to confirm when VP approvals are needed.
For HR Use Only	Do NOT fill this section.