

STAFF CLASSIFICATION & SALARY ACTION FORM
Offices of the Chancellor and Provost

Please check the appropriate action type and complete this form to initiate a request. For units using OCP Personnel services, please send the form as an attachment to ocppersonnel@ucdavis.edu. For units using the SSC ticketing system, attach the form within the ticket.

Department Contact:		Phone Number:	
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Affected Employee Name:	
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STIPEND – A temporary increase in an employee's salary for temporarily assigned responsibilities at a higher level position than the employee's classification or for assuming other significant duties that are not part of the employee's regular position. Stipends should be requested timely to avoid retroactivity, which is limited to six (6) months. If the work is less than 30% of time, please consider a STAR award to recognize the effort.

Requested start date:		Requested end date:	
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Is the employee performing these duties now?		Requested stipend amount:	
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Provide rationale supporting the request (specify significant new duties and/or out of class work):

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POSITION UPDATE – Review of position which has had minimal changes and no change in classification level is anticipated.

CLASSIFICATION REVIEW – Classification review is appropriate when the position has undergone changes in responsibility since the last review. For exempt employees effective date is the first of the month following receipt by the Compensation Services unit. For non-exempt employees the decision will be effective on the biweekly period following receipt.

Describe what prompted the changes to the position (i.e., staffing changes due to retirement, resignation, new program):

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Identify the responsibilities that have been added (and related percentages), removed, expanded or evolved. Please attached the updated PD and organizational chart.

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Identify other positions in your department or campus that you believe are comparable:

Current Classification:		Requested Classification:	
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Are you considering a salary adjustment or stipend for this action? If so, please describe what you are considering:

EQUITY ADJUSTMENT – Equity adjustments for non-represented employees are handled through HR's annual equity program implemented each Fall. Off cycle equity adjustment requests are considered in response to retaining mission critical staff due to a bona fide outside job offer or for represented staff. Justification and written offer (if applicable) must accompany requests.

Describe reason for request:	
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Requested effective start date:		Requested Salary Adjustment:	From:	
			To:	

BUDGETARY APPROVAL: (Refer to HR Approval Matrix for Authorization)

	Name	Signature	Date Approved
Unit Head/Designee:			
OCP Executive Officer:			

Note: OCP Personnel approval will be implemented through CMS and PeopleAdmin.