



# COMPENSATION INCREASE REQUEST FORM

*Classification & Compensation*

Please use this form to request a compensation review. Forward the signed completed form to the Office of Human Resources, [tuchr@csun.edu](mailto:tuchr@csun.edu). This request should be submitted a minimum of two weeks before the effective date in order to allow appropriate time to review. If the position is comparable, we will need additional time.

| PAYROLL INFORMATION                                     |              |                    |                 |
|---|--------------|--------------------|-----------------|
| <b>Department Name:</b>                                 |              |                    |                 |
| <b>Account:</b>   | <b>Fund:</b> | <b>Department:</b> | <b>Project:</b> |
| <b>*TUC, Research &amp; Sponsored Projects (Print):</b> |              | <b>Signature:</b>  | <b>Date:</b>    |

| EMPLOYEE INFORMATION            |  |
|---------------------------------|--|
| <b>Employee Name:</b>           | <b>Employee Title:</b>   |
| <b>Current rate:</b>            | <b>Proposed rate:</b>  |
| <b>Proposed effective date:</b> | <i>(Effective date should be a future date of either the 1st or the 16th, which is the beginning of a payroll period.)</i> |

## SELECT THE BASIS OF THE REQUEST AND ANSWER THE QUESTIONS

(Select any and all that apply)

| RATIONALE  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| <input type="checkbox"/> <b>SIGNIFICANT INCREASE IN RESPONSIBILITIES</b> (including ongoing increased workload). Must be ongoing, essential to the job, and consistent with the current classification. May include new lead or new project coordination functions, and work that does not warrant a reclassification. <i>Attach an updated position description, incorporating the new responsibilities, if applicable.</i> |  |                              |                             |
| <ul style="list-style-type: none"> <li>Describe the increased level of on-going responsibilities or duties:</li> </ul>   |  |                              |                             |
| <input type="checkbox"/> <b>EMPLOYEE PERFORMANCE</b> <i>(Please attach any supporting documentation including performance review, if applicable)</i>   |  |                              |                             |
| <ul style="list-style-type: none"> <li>In what way is the employee's performance exceptional?</li> </ul>   |  |                              |                             |
| <ul style="list-style-type: none"> <li>Does the employee's most current performance review reflect an overall rating of "Exceeds Expectations" or "Outstanding"? <i>Attach a copy of current evaluation, if available.</i></li> </ul>  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> <b>EQUITY</b> Internal equity (within Department/College/Division/University) or Market/external equity.  |  |                              |                             |
| <ul style="list-style-type: none"> <li>Explain the reasons that support the request for an equity review.</li> </ul>   |  |                              |                             |
| <input type="checkbox"/> <b>NEW OR ENHANCED SKILLS</b> Must be substantive in nature, essential to the job, and consistent with the current classification for the position. <i>Attach an updated position description, incorporating the new or enhanced skills, if applicable.</i>   |  |                              |                             |
| <ul style="list-style-type: none"> <li>Describe the substantive new skills and how they are critical in carrying out the requirements of the current position.</li> </ul>  |  |                              |                             |
| RETENTION  |  |                              |                             |
| <ul style="list-style-type: none"> <li>Describe the impact upon TUC if the incumbent left.</li> <li>Please attach documentation of any pending offer.</li> </ul>   |  |                              |                             |

**SIGNATURES/ APROVALS**

\_\_\_\_\_  
Name of Supervisor **PRINT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Name of 2nd approver ( if needed) **PRINT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Extension

**HR ONLY**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Does support request: Recommended %: \_\_\_\_\_ Current Base: \_\_\_\_\_ Effective Date: \_\_\_\_\_

New Base: \_\_\_\_\_

Does **not** support request

**OHR Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CSU Comparable:** \_\_\_\_\_

\_\_\_\_\_  
TUC Human Resources Reviewer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Extension