

CHANGE TO: Position Employee Both

Forward Completed Form for:
Staff & MPP → hclass-comp@csun.edu / SA & Faculty → [HR Ops Tech](#)

CURRENT EMPLOYEE / POSITION INFORMATION

Employee ID:	Current Incumbent:	Position Number:	Reports To Name:	Reports To Position No.:
Department ID:	Department:	Job Code:	Classification/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			<input type="checkbox"/> Temporary-Exp Date:	Renewable: <input type="checkbox"/> Y <input type="checkbox"/> N

ACTION REQUESTED	Effective Date	End Date (if applicable)	Change To: (if applicable)
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Note: • If Reports To, Department ID, or Working Title Change is Temporary, a New ARF will be required to end the temporary change. • Position Descriptions should reflect ongoing changes.

<input type="checkbox"/> Reports To Change Only			Reports To Name:	Reports To Pos No:
<input type="checkbox"/> Department ID Change Only			Dept ID:	Dept Name:
<input type="checkbox"/> Working Title Change Only				

Attachments/Additional Documentation Required for below actions: ▲ Explanatory Memo ❖ Position Description Form (PD)

<input type="checkbox"/> Reassignment ▲ <input type="checkbox"/> Permanent ❖ <input type="checkbox"/> Temporary – Include a list of duties in explanatory memo OR if attaching a full PD with memo, please indicate "Temporary Reassignment" in upper right corner of PD			Pos No:	Job Code:	Grade:
			Class/Job Title:		Time Base:
			Working Title:		
			Dept ID:	Dept Name:	
			Reports To Name:		Reports To Pos No:
<input type="checkbox"/> Stipend ▲ (Units 1,2,5,6,7,8,9)					
<input type="checkbox"/> Bonus ▲ (Units 2,4,5,6,7,8,9)					
<input type="checkbox"/> Temporary to Probationary			(Only between year 1 and 3 of appointment)		
<input type="checkbox"/> Time Base Change ▲			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.

Other

Comment/Explain:

POSITION INFORMATION	Effective Date	New / Changed Information
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<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:

CONTACT INFORMATION

Name: _____ Extension: _____

APPROVAL	Signature	Date	Ext.
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1 st Level MPP Administrator / Department Chair:			
2 nd Level MPP Administrator:			
Vice President (Required if there is any budget impact):			

FOR HR USE ONLY

Action/Reason Code (Ops)	Empl Class	Actual Salary	Base Salary	Class & Comp FLSA Threshold Check <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
Prob Code	Prob End Date	Grade	Step	MPP Job Code	_____ Hrly? Or Actual < \$2964/mo? _____ Job Code Change? _____ Dept/EE Notice

Comments

OHR Approval	Date	Position Mgmt	Date	HRIS Process	Date
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