

**CHANGE TO:**  Position  Employee  Both

Forward Completed Form for:  
Staff & MPP → [hclass-comp@csun.edu](mailto: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:	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)

**Note:**  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:**    ▲ Explanatory Memo    ❖ Position Description Form (PD) - PDs should reflect ongoing changes

<input type="checkbox"/> <b>Reassignment</b> ▲ <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"/> <b>Stipend</b> ▲ (Units 1,2,5,6,7,8,9)					
<input type="checkbox"/> <b>Bonus</b> ▲ (Units 2,4,5,6,7,8,9)					
<input type="checkbox"/> <b>Temporary to Probationary</b>				(Only between year 1 and 3 of appointment)	
<input type="checkbox"/> <b>Time Base Change</b> ▲ <input type="checkbox"/>			Time Base:		
NOTE: Probationary or permanent employees may request a temporary decrease to time base through the <a href="#">Leave of Absence Request Form</a> .   Submit all <a href="#">Work Schedule Changes</a> through the Portal.					
<input type="checkbox"/> <b>Other</b>					

**Comment/Explain:**

**POSITION INFORMATION**      **Effective Date\***      **New / Changed Information**

<input type="checkbox"/> <b>Inactivate</b>			NOTE: Prior to inactivation, confirm that no positions report to position.		
<input type="checkbox"/> <b>Freeze</b> <input type="checkbox"/> <b>Unfreeze</b>					
<input type="checkbox"/> <b>New Position</b>			<input type="checkbox"/> <b>One-to-One</b>	<input type="checkbox"/> <b>Pool - Headcount of:</b>	
<input type="checkbox"/> <b>Pool Position Headcount</b>			<input type="checkbox"/> <b>Increase to:</b>	<input type="checkbox"/> <b>Decrease to:</b>	

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Extension: \_\_\_\_\_

**APPROVAL**      **Signature**      **Date**      **Ext.**

1 <sup>st</sup> Level MPP Administrator / Department Chair:			
2 <sup>nd</sup> Level MPP Administrator:			
3 <sup>rd</sup> Level MPP Administrator (if applicable):			

**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 _____ Hrly? Or Actual < \$2964/mo? _____ Job Code Change? _____ Dept/EE Notice	
Prob Code (Ops)	Prob End Date	Grade	Step	MPP Job Code	

**Comments**

<b>OHR Approval</b>	<b>Date</b>	<b>Position Mgmt</b>	<b>Date</b>	<b>Ops Process</b>	<b>Date</b>
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