

Instructions: This form is used for a variety of Classification and Compensation related actions. Please complete all information requested and submit this form and supporting documents to Central Human Resources, branch HR office, or Health HR with requests for the following actions. Visit the Classification & Compensation website for details about supporting documents.

- Classification of new positions or reclassification of existing positions
- Temporary to Permanent Status Change
- Pay for Performance – Increase to Base Pay (One-Time Wage Payments use [this form.](#))
- Special Pay Increase (Temporary or Permanent)

NOTE: This form must be downloaded and opened in Adobe Acrobat to function properly. It will NOT load correctly in a web browser.

DEPARTMENT INFORMATION	
Department Name:	Department ID:
Supervisor Name:	Supervisor's Position Number:

REQUEST INFORMATION
Request Type:

<p>Justification: What is the business need for this request? Please describe the changes that have prompted submission and include employee's latest performance evaluation score.</p>
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REQUESTED EFFECTIVE DATE:

COMPENSATION INFORMATION

**Enter this number on ASF/MSS (as appropriate).*

UNIT APPROVALS

Department Representative	Budget or Direct Supervisor Approval	VP or Delegated Signature Authority**
Name	Name	Name
Signature/Date	Signature/Date	Signature/Date

TO BE COMPLETED BY CHR OR BRANCH OFFICE

Decision: Approved Approved with Modification Denied			Effective Date:
Comments:			
Compensation Analyst	Asst. VP, Compensation*	SVP, Chief Administrative Officer & Chief HR Officer	
Name	Name	Name	
Signature/Date	Signature/Date	Signature/Date	

** Asst. VP, Compensation signature required only on actions for Assistant Director and above.
** Internal CHR Requests ONLY: Signature NOT needed. Approval goes to Asst. VP, Compensation*

CENTRAL HUMAN RESOURCES NOTES THIS SECTION IS FOR INTERNAL CHR NOTES ONLY.

(Empty box for notes)