

RECOMMENDATION FOR APPROVAL OF A CHANGE OF RESPONSIBILITY

(See next page for explanation of process)

NAME: _____ **DATE:** _____
(Name of person for whom change is requested)

DEPT: _____ **SCHOOL/UNIT:** _____

CURRENT RESPONSIBILITY:

NEW RESPONSIBILITY: (If new responsibilities consume 50% or more of the employee's position, this constitutes a new job. Therefore, you must recruit for the position. Contact the Affirmative Action Office.)

EXPLANATION AND RATIONALE FOR CHANGE: (Supervisor: please attach current and proposed position description with percentage of time indicated for each major activity.)

CURRENT BASE SALARY _____ Annual Academic Year Other

RECOMMENDED BASE CHG: ANNUAL ACAD YR INCR DECR _____

COST CURRENT FISCAL YEAR _____ (Call Human Resources x2644 for assistance with calculation)

SOURCE OF FUNDS IF INCREASE IS RECOMMENDED OR DISPOSITION OF DOLLARS IF SALARY IS DECREASED:
Acct Code _____ (Attach a Personnel Action form if individual will be charged to a different account as a result of this change.)

NEW BASE SALARY _____ **EFFECTIVE DATES OF CHANGE** _____

You must process another change of responsibility form when this change is no longer effective. The employee will continue to be paid this new base amount unless Human Resources is notified otherwise.

APPROVALS:

Dept Chair/Supervisor's Signature _____ Date _____

Dean/Unit Supervisor's Signature _____ Date _____

Affirmative Action Officer's Signature _____ Date _____

Division Administrator's Signature _____ Date _____

Chancellor's Signature _____ Date _____

DISTRIBUTION: Division Administrator, Dean/Unit Supervisor, Dept Chair/Supervisor, Budget Office, Payroll, Affirmative Action

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This form (and process) is to be used any time a change of responsibility is recommended for an unclassified employee especially when such a change also requires an increase/decrease in salary. The change may be an added responsibility, a shift or a deletion of a certain responsibility. For example, a recommendation may be made to add the responsibility of department chairperson, or of program director, or it may be to delete such a responsibility currently being held. Appropriate changes in salary should be recommended along with the request, with sources for any increase or disposition of dollars for a decrease clearly noted. If the change of responsibility results in a change of accounts for payroll purposes, please submit a Personnel Action form with this form.

When a responsibility is being shifted from one person to another, it is suggested that TWO FORMS be submitted at the same time, one for each of the two individuals involved.

PROCESS:

1. Immediate supervisor completes the form and forwards it to the Dean/Unit Supervisor as appropriate.
2. Dean/Unit Supervisor reviews recommendation from first-line supervisor, and if he/she approves, the form is then forwarded to the Human Resources Office. Human Resources reviews calculations and forwards to Affirmative Action Officer if new responsibilities consume 50% or more of the employee's position. If not, the form will be forwarded to the Division Administrator.
3. Affirmative Action Officer reviews change to determine if this is a new position and therefore must be recruited as such.
4. Division Administrator approves the recommendation and forwards to the Chancellor for approval.
5. Chancellor's signature is only required when base salaries increase by \$2500 or more. Chancellor makes the final decision on these types of recommendations and returns the form to Human Resources for implementation.
6. The Human Resources Office will distribute copies of the form to the appropriate parties.