**Purpose:** Use this form to request a compensation review for eligible employees (Non-MPP\*). A compensation-only change will be processed through an in-range progression.

**Instructions:**

1. Complete sections 1-5.
2. Forward completed form via email to Class/Comp [classcomp@sjsu.edu](mailto:classcomp@sjsu.edu).
3. If the rationale for the review includes changes to responsibilities, include an updated Position Description (PD) as well as a copy of the previously approved PD.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **REQUESTOR INFORMATION** | | | | | | | | | | | | | | | | | | |
|  | | | | | Employee | | |  | Appropriate Administrator (Immediate non-bargaining supervisor) | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Date submitted to Appropriate Administrator, if applicable† | | | | | | | | | | | | | enter a date | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **2.** | | | **EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | | | First Name: | | | | | | |
| enter text | | | | | | | | | | | | enter text | | | | | | |
| Department Name: | | | | | | | | | | | |  | | | | | | |
| enter text | | | | | | | | | | | |  | | | | | | |
| Position Number: | | | | | | | | | Phone: | | | | | SJSU ID: | | | | |
| enter text | | | | | | | | | enter text | | | | | enter text | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **3.** | | | **APPROPRIATE ADMINISTRATOR INFORMATION** | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | | | First Name: | | | | | | |
| enter text | | | | | | | | | | | | enter text | | | | | | |
| Department Name: | | | | | | | | | | | | | | | | | | |
| enter text | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **4.** | | | **RATIONALE FOR REVIEW** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | enter text | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **5.** | | | | **SIGNATURES AND APPROVALS** | | | | | | | | | | | | | | |
|  | **REQUESTOR** | | | | | | | | |  |  | | | |  |  |  | |
|  | enter text | | | | | | | | |  |  | | | |  | enter a date |  | |
|  | Name | | | | | | | | |  | Signature | | | |  | Date |  | |
|  | | | | | | | | | | | | | | | | | | |
|  | **APPROPRIATE ADMINISTRATOR (if not the requestor)** | | | | | | | | | | | | | | | |  | |
|  | enter text | | | | | | | | |  |  | | | |  | enter a date |  | |
|  | Name | | | | | | | | |  | Signature | | | |  | Date |  | |
|  | | | | | | | | | | | | | | | | | | |
|  | Select One: | | | | |  | I concur with this Compensation Review Request. | | | | | | | | | | | |
|  | | | | | |  | I DO NOT concur with this Compensation Review Request. | | | | | | | | | | | |
| \* | | *To request a compensation review for an MPP employee, make a request to your Division Vice President who will initiate the process with University Personnel.* | | | | | | | | | | | | | | | | |
| † | | ***APC employees*** *may submit a compensation review request to UP without an Appropriate Administrator’s signature.* ***All other eligible employee-initiated compensation review requests*** *should be submitted first to the Appropriate Administrator. If after 30 days the Appropriate Administrator has not forwarded the request to UP, the employee may send it directly.* | | | | | | | | | | | | | | | | |