**Type 2—Pay Grade or Special Compensation:** Each job classification within the CSEA 262 unit may have more than one pay grade in the Salary Schedule. Unit members may be placed in a higher pay grade based on education, training, or skills which are beyond minimum qualifications for the position and are of value to the District for the performance of their duties. Where such additional pay grades are established in the Salary Schedule for a job classification, these high value criteria shall be included in the job description as pay grade criteria for that position. Approved pay grades appear in Appendix XX as part of the Salary Schedule. Establishment of a higher pay grade will not alter the job duties, minimum qualifications, or range assignment. Unit members may be placed in a higher Salary Schedule pay grade upon hire or through the process described in Article 17, Section 17.03 and Article 8, Section 8.05 which also describes the process for creating such higher Salary Schedule pay grades. Special compensation: Skills identified as eligible for Special Compensation by the California Public Employees’ Retirement System in CCR Title 2 571(a)(4) are eligible to unit members in a job classification who are similarly situated and routinely and consistently utilize that skill in performance of the duties in that job classification.

**Form Checklist (please initial):**

\_\_\_\_\_\_\_\_\_\_ I have obtained a copy of the current list of Pay Grade categories, which are available online at: <http://www.mtsac.edu/hr/262/6_13_16.pdf>; ***or***

\_\_\_\_\_\_\_\_\_\_ I have obtained a copy of the current list of Special Compensation categories, which are available online at: <http://www.mtsac.edu/hr/salary-schedule.html>

\_\_\_\_\_\_\_\_\_\_ I understand this form must be filled out completely. Incomplete forms will be returned.

\_\_\_\_\_\_\_\_\_\_ I have signed and dated the forms and initialed and dated any supplemental sheets or documents attached.

Classification Request type:

Pay Grade Change (Classification Study Committee)

Special Compensation (Reclassification Committee)

Subject Matter Experts recommended to be interviewed (3 maximum):

Name:

Name:

Name:

**Ways to submit form:**

Email as an attachment to the Vice President, Human Resources

* Campus mail to Human Resources
* Hand deliver to Human Resources

Human Resources will date and time stamp the form, which will signify its official receipt. Human Resources shall forward the request to the appropriate Committee for review at their next scheduled meeting. A copy of the date and time stamped form will be sent to the unit member.

Requests submitted to Human Resources by the end of the first working week of each month will be considered by the appropriate committee at their next scheduled meeting.

Please mark any sections that do not apply to your request as Not Applicable “N/A.”

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| **I. Employee Information** | | | |
| Employee Last Name / First Name | | | Banner ID |
| Department / Division | | Phone Ext. | @mtsac.edu  E-Mail Address |
| Classification (Appendix A from Contract) | | | Step & Range (Appendix B from Contract) |
| Years       Months  Time in Current Classification | Immediate Manager | | |
| Immediate Manager Title (Dean, Director, Manager, etc.) | | Phone Ext. | Immediate Manager E-Mail |

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| **II. Position Information** | | |
| Position Purpose – Summarize the main reason(s) your position exists, in three to four sentences, including the position’s general function and overall level of responsibility. | | |
| State how routinely and consistently you perform the duties you believe warrant a Pay Grade Change or Special Compensation.        months | | |
| **Pay Grade Change**: Please list the objectively measured and documented criteria which show that you routinely and consistently perform a function that exceeds the minimum qualifications for your job classification, e.g., specialized education, training, skills certificates, or licenses that enhance the performance of your duties. How does this add value to your unit or the college? Please attach documentation verifying that you meet the criteria.  **Special Compensation**: Please select from the CalPERS special compensation list (B-2). | | |
| **Pay Grade Change**  List each of your current essential duties and indicate the frequency in which these duties are performed. Briefly describe your duties by including as much of the following as appropriate:   * **How is work assigned (verbal or written) and by whom?** * **Is work performed independently or with close supervision?** * **To what extent do you exercise your own judgment to complete the work?** * **Who or what is directly impacted by the work?** * **Does the work require you to interact with others? If so, with whom and how?** * **How long have you been performing this work?** * **How has this work resulted in increased accountability, authority, or decision-making?** | | |
| **Knowledge, Education (Certificates, units earned, other training), Skills learned, On the job training** | | |
| **Essential Job related/qualifications to request a Pay Grade change:** | **Date received** | **Frequency**  **Daily/Weekly/Monthly Yearly** | |
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| **III. Employee Review** |
| This form was completed by the:  Employee  Immediate Manager |
| **If completed by the employee:**  The information I have provided is accurate and complete.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Employee Signature Date |
| **If completed by the immediate Manager:**  My immediate manager prepared this Request for Pay Grade/Special Compensation and I  agree  disagree this is an accurate and complete description of my skills.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Employee Signature Date |
| **If you do not agree with information on this Pay Grade/Special Compensation Request, state what you disagree with and explain below why you disagree. Attach an explanation clarifying the issue(s) of concern if necessary.** |

When a recommendation has been submitted, Human Resources shall notify the applicants and the CSEA 262 President of the Committee’s recommendation no later than five (5) working days of the determination and will include the rationale for the Committee’s recommendation.

Preferred method of notification of results:

Email Mt. SAC       other

Phone Mt. SAC       other

Letter Mt. SAC Department

Letter Home Address

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| **IV. immediate manager Review** |
| The immediate manager must review this request and forward it to Human Resources within five (5) working days of receipt. |
| Do you support this Request?  Yes  No |
| Please explain why or why not (attach additional pages as necessary): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Immediate Manager Signature Date |

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| **V. District President/CEO (or designee) & CSEA 262 Chapter President (or designee) Initial Review** |
| Comments: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  President/CEO Signature Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CSEA 262 Chapter President Signature Date |

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| **VI. Committee Review** |
| This employee does not meet eligibility requirements and should remain as is.  This request should be forwarded to Human Resources to assign to a pay grade.  This request should be forwarded to Human Resources for Special Compensation. |
| Rationale establishing the basis on which the above determination has been made:  If this recommendation is to establish a new pay grade, then Article 17.03.2.1 applies. Eligibility must be based on objectively measured and documented criteria such as attainment of a certificate or generally accepted skill assessment. Related documentation shall accompany this Pay Grade or Special Compensation Request Form. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  District Committee Co-Chair’s Signature Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CSEA 262 Committee Co-Chair’s Signature Date |

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| **VII. Human Resources** |
| The Vice President of Human Resources shall forward this request to the Board of Trustees for adoption and: |
| Payroll for Special Compensation  ***or***  Payroll for Pay Grade change |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vice President, Human Resources Signature Date |

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| **VII. District President/CEO (or designee) & CSEA 262 Chapter President (or designee) Final Review** |
| Comments: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  President/CEO Signature Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CSEA 262 Chapter President Signature Date |