

Faculty Salary Reclassification Request

Per <u>SCEA 7.2.4.2</u>, all course work to be used for reclassification must be completed prior to the beginning of the semester in which the Unit Member is reclassified. To be effective for the entire semester, the Unit Member must complete the reclassification procedures no later than <u>September 22</u> to be eligible for reclassification for the fall semester, and <u>February 22</u> for reclassification for the spring semester. Requests received after these dates will not become effective until the following fall or spring semester.

It is the applicant's responsibility to file all official documents (i.e. approved hurdle forms, official transcripts) with Human Resources.

To request salary reclassificatio	n, please complete the following informa	tion:	
Name:	School / Dept:		
□ Full-time (Class II, III, IV, V, or VI) 10-month salary schedule 11-month salary schedule	□ Part-time (Classification 2 or 3) □ Part-time Equity Salary Schedule □ Part-time/Overload Salary Schedule		
am requesting to be reclassified to	Class/Classification: Effec	tive:	
I have completed the following app i HR to add to my personnel file:	roved courses/activities toward salary reclass	ification and have submitte	ed them to
Institution	Course Number/Activity Description	Semester Units	HR Verified
TOTAL SEMES	TER UNITS TO ADD TO MY SALARY PLACEM	ENT	
 Convert to semester units using the Quarter unit(s) x 2/3 = seme Hours / 16 hours = semester 	ester units		
Unit Member's Signature:		Date:	
	HUMAN RESOURCES REVIEW		
Total Eligible Units Verifie	d on File for Class/Classificatione	effective	
RecommendedNot Re	ecommended, reason:		
R Specialist's Signature:		Date:	
R Administrator Signature:		Date:	