

REASSIGNMENT REQUEST FORM

Submit the following to Human Resources, Classification & Compensation:

- Completed Reassignment Request Form
- Current organizational chart (must include names, classifications/skill-levels, and show reporting relationships)
- Proposed organization chart (must include names, classifications/skill-levels, and show reporting relationships)
- Proposed position description

Scan and send the request by e-mail to classandcomprequests@csus.edu. If you do not have scanning capability, mail the request to Campus Zip 6032, ATTN: Classification & Compensation.

Note: Incomplete Forms Will Be Returned

1. REQUEST INFORMATION

Requested By (Name of Manager/MPP): _____
Title and Administrator Level: _____

Describe the organizational need for this request:

2. REQUEST DETAILS

Name of employee vacating position: _____
Employee's classification/skill level: _____

Reason employee is vacating position:

Name of employee selected to fill by reassignment: _____
Employee's current classification/skill level: _____

Employee's current status: Temporary Probationary Permanent

Type of reassignment: Permanent Temporary

Effective Date: _____ If temporary, expected end date: _____

3. ADDITIONAL INFORMATION

Has a recruitment request been submitted? Yes No

If yes, Date submitted _____ Requisition number: _____

If no, please explain why:

Why was the employee selected for the reassignment?	
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Have you discussed this reassignment with the employee? Yes No

Has the employee already started performing the work of the reassignment? Yes No

Will the employee be performing the full scope of the position, or just a portion of the duties while still performing their current position's duties? Full Scope Portion of duties

What action, if any, will be taken to backfill the reassigned employee's position?	
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ADMINISTRATOR REVIEW & AUTHORIZATION (For HEERA Designated Managers ONLY)

Manager Authorization:

Name: _____ Signature _____ Date: _____

Dean/Director/AVP Authorization:

Name: _____ Signature _____ Date: _____

Vice President/Provost Authorization:

Name: _____ Signature _____ Date: _____



FOR HUMAN RESOURCES USE ONLY

C&C Approval Signature

Date

ES Approval Signature

Date