

**APPENDIX D-2**

Pay Grade or Special Compensation Request

Ref: Article 17.03 Classification Procedures

**PAY GRADE:** 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 that 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 and shall apply to all incumbents in that classification who meet the criteria. Approved pay grades appear in Appendix A 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.

**Classification Request type:**

[ ]  Special Compensation Request (Complete Sections I, II, IV)

[ ]  New Pay Grade Proposal Complete sections I, III, IV

**Form Checklist:**

I have obtained a copy of one of the following from the HR website:

[ ]  Special Compensation categories available at [Mt. SAC Human Resource forms webpage](http://www.mtsac.edu/hr/forms.html)

[ ]  My job description and Pay Grades from [Mt. SAC CSEA 262 Job Descriptions webpage](https://www.mtsac.edu/hr/jobdescriptions/csea262.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 attachments.

**Subject Matter Experts Recommended to be Interviewed (3 maximum):**

Name:       Contact Info:

Name:       Contact Info:

Name:       Contact Info:

**Ways to submit form:**

* Email as an attachment to the Vice President, Human Resources
* Campus mail or hand deliver to Human Resources

Human Resources will date-stamp and time stamp the form, which will signify its official receipt. A copy of the date and time stamped form will be sent to the unit member. Human Resources shall forward requests submitted by the end of the first working week of each month to the Reclassification Committee (Special Compensation) or the Classification Study Committee (New Pay Grade) for review at their next scheduled meeting. The Committee may contact the unit member for more information or clarification.

**I. UNIT MEMBER INFORMATION**

Unit Member Name (Last, First):       Banner ID:

Division:       Phone Ext:

Department:       E-mail address:

Classification:

(Appendix A from contract)

Time in Current Classification:    Years    Months Step:       Range:

 (Appendix B from contract)

Immediate Manager:       Title:       Phone:

**II. POSITION INFORMATION**

Summarize the main purposes of the unit member’s position; include the position’s general function and overall level of responsibility.

**III. SPECIAL COMPENSATION INFORMATION**

The Special Compensations work must not be part of the duties and essential functions unit member's job classification. Refer to Appendix B-2 and/or California Code of Regulations §571 for Cal PERS Special Compensations categories.

**Which Special Compensation category work does the unit member perform?**

**How routinely and consistently does the unit member perform the work believed to warrant Special Compensation?**

State the rationale for how the Special Compensation work is of value to the District and therefore warrants Special Compensation.

**IV. PAY GRADE**

This form was completed by the: [ ]  Unit Member [ ]  Immediate Manager

**Do not use this form to apply for an existing pay grade. Instead, review the criteria for the pay grade and contact Human Resources.**

To propose a New Pay Grade, attach a copy of the job description and describe any criteria such as knowledge, education, skills or training that demonstrates added value to the College for those in this job classification. Provide documentation to verify the unit member meets the criteria for higher pay grade. Have you attached these documents? [ ]  Yes [ ]  No

**Knowledge, Education, Certificates, units earned, industry credentials, professional licenses, or other objectively verifiable skill (e.g., Commercial Class A License, First Aid/CPR):**

**Rational of added value to the College for those in this job classification:**

**V. UNIT MEMBER REVIEW**

This form was completed by the: [ ]  Unit Member [ ]  Immediate Manager

**If completed by the unit member:** The information I have provided is accurate and complete.

**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 duties.

Unit Member Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**If you do not agree with information on this Classification Request, state what you disagree with and explain why you disagree below. 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: Email Address:

[ ]  Phone: Extension or Number:

[ ]  Letter: Department or Address:

**VI. IMMEDIATE MANAGER REVIEW**

The immediate manager must review this request and forward it to Human Resources within ten (10) working days of receipt. Review Sections II and III and provide and analysis of this request. Include comments on the general work assignments within your unit that pertain to this request as appropriate.

Do you support this Request? [ ]  Yes [ ]  No

Comments:

Immediate Manager Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**VII. DIVISION VICE PRESIDENT**

The Division vice president must review this request and forward it to Human Resources within ten (10) working days of receipt. Review Sections II and III and provide and analysis of this request. Include comments on the general work assignments within your unit that pertain to this request as appropriate.

Do you support this Request? [ ]  Yes [ ]  No

Comments:

Division Vice President Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**VIII. COMMITTEE RECOMMENDATION AND RATIONALE**

[ ]  This position should not be reclassified and should remain in the current classification

[ ]  This position should be reclassified to:

[ ]  This request should be forwarded to Classification Study Committee for review

Rationale:

District Committee Co-Chair Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

CSEA Chapter 262 Co-Chair Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*

**IX. HUMAN RESOURCES**

The Vice President of Human Resources shall forward this request to:

[ ]  The Board of Trustees for adoption.

[ ]  Be processed for Job Analysis review.

Rationale:

Vice President, Human Resources Signature Date

*(Type in your name to acknowledge the information you are providing is true and accurate to the best of your knowledge)*