

## REASSIGNMENT APPROVAL PROCESS

- Component Administrator, or designee, obtains Request for Reassignment form from Human Resources (also available online at http://www.santarosa.edu/hr/forms-linked/Request4Reassign.pdf).
- Component Administrator completes as much of the form as possible, including the Grade/Step of the current position if known, and also the <u>new</u> Classification, Grade/Step, etc. (Component Administrators should minimally provide the classification and Grade of the new position, and Human Resources can fill in the Step, shift differential, etc.)
- 3. After Human Resources fills out this information, the form is sent to Budgeting, who will verify the budget impact and/or fill in the budget information completely.
- 4. Budgeting will then forward the form to Dr. Agrella for approval.
- 5. Dr. Agrella will review and approve the form (by signing), and return it to Human Resources.
- 6. Human Resources will convene a meeting with SEIU, the affected managers (both current and anticipated), and the employee to discuss the reassignment. (It has also been deemed acceptable for the current manager to meet with the employee prior to this large group meeting so that the employee is forewarned of the reassignment and/or not surprised when invited to this large meeting.)
- 7. Once this meeting is concluded, Human Resources will route the form to anyone who has not already reviewed/approved to finalize this process before it goes to the Board for approval. (Human Resources submits this to the Board under the normal Personnel Agenda.)



## **REQUEST FOR REASSIGNMENT**

Date of Request:		
Name of Requestor:		
Component/Department of Request:		
Justification for Request:		
Type of Reassignment: Change in Classification Change in Department Change in Site Additional Assignment Other (please describe):		
Employee to be Reassigned:	Employee SSN (last 4 digits):	
Effective Date:	Probation End Date:	
REASSIGNMENT DETAILS		
From	То	
COMPONENT/DEPARTMENT:	COMPONENT/DEPARTMENT:	
CLASSIFICATION:	CLASSIFICATION:	
GRADE: STEP: PAY RATE: \$ HR MO LONGEVITY: SHIFT: BILINGUAL: BUDGET CODE:	GRADE: STEP: PAY RATE: \$ HR MO LONGEVITY: SHIFT: BILINGUAL: BUDGET CODE:	
% %	% %	
PERCENT WORKED: % WORK SCHEDULE: HRS/WK: HRS/DAY: MONTHS/YEAR: BUDGET IMPACT (cost of salary + benefits): Annual Salary: \$ Annual Benefits: \$ TOTAL ANNUAL SALARY + BENEFITS: \$  TOTAL Savings OR Cost due to reassignment: \$	PERCENT WORKED: % WORK SCHEDULE:  HRS/WK: HRS/DAY: MONTHS/YEAR:  BUDGET IMPACT (cost of salary + benefits):  Annual Salary: \$  Annual Benefits: \$  TOTAL ANNUAL SALARY + BENEFITS: \$  /year; OR Cost Neutral (no savings or cost)	
REMARKS (From):	REMARKS (To):	
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APPROVALS		
Current Supervisor(s)	New Supervisor(s)	
DEPARTMENT CHAIR/SUPERVISOR DATE	DEPARTMENT CHAIR/SUPERVISOR DATE	
DEAN I or II/DIRECTOR DATE	DEAN I or II/DIRECTOR DATE	
DEAN III DATE	DEAN III DATE	
VICE PRESIDENT DATE	VICE PRESIDENT DATE	
EMPLOYEE	DATE	
BUDGETING	DATE	
PRESIDENT	DATE	
HUMAN RESOURCES	DATE	