

SECTION A. REQUESTOR INFORMATION

Bargaining Unit(s):

Contract Article # (if applicable):

Department(s):

Agency:

Contact Information

Human Resources Contact Name:

Telephone Number:

Email Address:

Labor Relations Contact Name:

Telephone Number:

Email Address:

Approved By

Director/Agency Secretary Name:

Title:

SECTION B. REQUEST INFORMATION

Identify the reason(s) for this compensation request:

- ☐ Recruitment/Retention Issue ☐ Equity Issue ☐ Compaction Issue ☐ Specialized Duties
☐ Special License/Certification ☐ Other:

Are there any non-compensation items pending with CalHR related to this request? ☐ Yes ☐ No

- If so, specify the date submitted to CalHR:

Describe the item and indicate the status.

Has the department previously requested compensation to address the reason identified? Please specify the year submitted and outcome.

SECTION C. SUMMARY OF REQUEST

Provide some background information and explain the reason for the request. Please clearly state the problem and provide all relevant information which supports this request.

(Refer to the Instructions for specific questions to address)

SECTION D. SUPPORTING INFORMATION

Please identify the classifications proposed for this request on an Excel spreadsheet (please use format below) or on the CalHR 142 Spreadsheet template. Please provide three years of vacancy and turnover data (if applicable). Some requests may require multiple years of data to demonstrate the problem.

CBID	WWG	Class Code	Class Title	# of EEs	Superv CBID	Supv Class Code	Supv Title
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Also, please provide any additional data necessary to support the request, some examples may include:

- Vacancy data (specific to the location/facility is applicable)
- Turnover data (if applicable) – include relevant details if known
- ECOS data - positions advertised vs hires made in class/group
- Data comparing requested class(es) with identified comparable – if citing pay parity issues
- Salary Surveys or external market data
- Exit Interviews
- Training and/or Certification Requirements – include what value it brings

Please indicate any classifications which should be intentionally excluded from this request, Why?

SECTION E. ADDITIONAL DETAILS

How would this proposal be implemented for current/prospective incumbents?

Identify any existing forms of compensation similar to what is being requested.

Identify any concerns that may be anticipated from any employee organizations.

Does this request require any revisions to a collective bargaining contract? If so, provide the proposed contract language below.

SECTION F. FINANCIAL INFORMATION

Identify the type of compensation proposed:

☐ Pay Differential ☐ Special Salary Adjustment ☐ Allowance ☐ Reimbursement

☐ Other:

Proposed Effective Date:

What is the reason for the proposed effective date? During that fiscal year, can the department absorb the funding?

Will funding need to be budgeted for future years? ☐ Yes ☐ No

How frequently would eligible employees receive this compensation?

☐ Monthly ☐ Annually ☐ One-time ☐ Other:

Would employees receive this compensation on a pro rata basis? ☐ Yes ☐ No