**California State University, East Bay**

**MPP Request**

*This request is to be submitted for all MPP administrator positions*



**Initiating Department**: Date:

Department Name: Requestor:

Position’s Working Title: Incumbent:

Reports To: Name Title



 MPP Recruitment for:

 Replacement

 New Position

Will the position be temporary:  Y  N If yes, end Date

Salary Range: Admin Level:

Relocation expenses requested up to $

 MPP Appointment Change for:

 Temporary Reassignment: End Date

 Reclassification  within MPP to higher administrator level

 from a Bargaining Unit Position Unit Number

New Salary:



 MPP Salary Change for:

 Equity

 Reassignment within classification; change MPP job code (reorganization/change in responsibility/authority)

% Increase: New Salary:

 MPP Bonus – Amount: $

Rationale:



Attached:  Job Description (Required) Written Justification (Required)  Consultation with HR has occurred (Required) **□** Org Chart (Required)

Associate Vice President’s Signature Date

Vice President’s Signature Date



**President**:

 Request Denied

 Request Approved as Requested  Request Approved as Modified

President’s Signature Date



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