1960 HF	R ADJUSTMENT	REQUEST (HRA	AR)			
* Employee ID		* Effective Date (mm/c	ld/yyyy)			
* First Name	Middle Name		* Last Name			
This is a revised Adjustment. Items mai	rked with an asterisk "*'	are required fields.	For help w	ith this forn	n please see Page 2	
1. TRANSFER Please check this box	x if any fields in this sec	tion are changed.				
If Inter-Regional Transfer, Provide Former Region	G/L Location Code	Department Code Physical Location Code				
Pay Group/AH1 - NCAL Hospital -1Business UnitAM1- TPMG -10206DescriptionAP1 - NCAL Health Plar(Select One)BC1 - SCAL KP On Call	n -10208	- SCAL Hospital -B000 - SCPMG -B0003 - SCAL Health Plan -B - Texas CSC -10315	Ē		V Hospital -11001 V Health Plan -11008	
2. RECLASSIFICATION Please check this box if any fields in this section are changed. Bump Career Progression VOL- Return to Former Job Job Reclassification						
(Select One) [INV- Return to Former Job [Promotion		□ INV-Demotic y Job □ VOL-Downw		Grandfathered		
Job Code Union Code Bargaining	Unit Reclass of Primar Unit Red-Circle Green Circ	d/ Step Hou	irly Rate	Compensation Rate End Date		
3. DATA CHANGE Please check this	box if any fields in this	section are changed.				
Reason - If this data change is a result of a	settlement, please che	ck this box: 🗌 Settlem	nent			
Union Code Bargaining Unit Standard Hours (1-40) Supervisor ID (NW/TX only) Step Hourly Rate						
Regular On-Call Short Hour	emporary D Full	Time Part Time	Shift 🗌 '	I-Day 2-E	Evening 3-Night	
4. RATE CHANGE Please check this	s box if any fields in this	s section are changed.				
Reason Adjustment to Minimum Market Adjustment (Select One) Merit Equity Adjustment] Decrease] Compression	
	vee Type		-			
Comments						
* Prepared By Employee ID * Prepare			* Phone Number (###) ### ####			
* HR/Recruitment/Compensation/Labor Relations Name * Manager Name						
* Phone Number (###) ###-####		* Manager ID		* Manager Title		
* HR/Recruitment/Compensation/Labor Relations E-mail		* Phone Number (###) ###-####		* Manager E-mail Address		
See Instructions for Signature Guidelines						
	_					
* Authorizing Signature	* Date (mm/dd/yyyy) * I	HR/Recruitment/Compensatic	on/Labor Relation	ons Signature	* Date (mm/dd/yyyy)	
			Otorra (Coo Inclused	iono for Otoma	
			Guidelin		ions for Stamp	
Authorization (See instructions for region specific requirements on signatures) * Date (mm/dd/yyyy)						
Local HR, Recruitment or Compensation must fax this form for the NW, SCAL and Texas regions.						

National HR Service Center Fax to: (877) 477-2329 Telephone: (877) 457-4772



Instructions for Completing the HR Adjustment Request Form

HR Adjustment Request (HRAR) Form 1960

If the form is a revision to a form that was already submitted, select the checkbox next to 'This is a revised Adjustment'. Only use this form to make Employee Data Changes that are not tied to a requisition. Please contact Recruitment Services for changes related to new hires, rehires, or jobs filled through the normal requisition and posting process. For Inter-Regional Transfers, this form should be filled out by the new manager in the new region.

Steps to complete and submit the HRAR form

Complete the form online and print it, or print the blank form and handwrite the information.

- 1. Employee section at top must be completed. Effective date is the date of the employee data change.
- 2. Complete only the required section(s) of the form to make your change --**Transfer**, **Reclassification**, **Data Change**, or **Rate Change**. Do not forget to select the box at the top of each section you are using. Provide only new information; do not include current data.
- 3. Confirm the **Preparer Employee ID** and **Name** fields at the bottom of the form. This is pre-populated with the information of the person who completes the form (e.g., executive assistant, HR consultant).

NOTE: These fields are non-editable.

- 4. Enter your daytime Phone Number; be sure to include the area code. Use full phone numbers, not tie-lines.
- 5. Enter the employee's Manager's Name, Manager ID (Manager's Employee ID Number), Title, complete Phone Number and E-mail Address. Ensure that the manager signs the form.
- 6. Make a copy of this form for your records and, if in a region other than NCal, forward to your local HR professional or Recruitment office for review and approval.

If you need help with this form, please contact your local HR professional or Recruitment office.

TRANSFER section

This section is used for a change to an employee's Pay Group/Business Unit, G/L Location, Department or Physical Location. Enter new codes (see below for valid codes). Provide only new information; do not include current data.

G/L Location Code

The G/L location code is the budgeted location code used to change an employee's paycheck. Enter the employee's new G/L location code (e.g. 251 is the G/L Location code for Panorama City)

Department Code (Cost Center)

Enter the employee's new Department (Cost Center) code

Physical Location

The Physical Location is the location code for where the employee is physically located. For a list of codes, go to the <u>Help with Forms</u> page on the My HR site.

Pay Group/Business Unit Description

Please enter one of the codes listed below:

AH1 (NCal Hospital) -10201 AM1 (NCal TPMG) - 10206 AP1 (NCal Health Plan) - 10208 BH1 (SCal Hospital) - B0002 BC1 (SCal KP On-Call) - B0001 BM1 (SCPMG) - B0003 BP1 (Health Plan) - B0002 TS1 (TX CSC) - 10315 WH1 (NW Hospital 1) - 11001 WP1 (NW Health Plan 1) -11008

RECLASSIFICATION section

This section is used for a change to an employee's job code and any other changes resulting from the job code change not tied to a requisition. Enter new codes (see below for valid codes). Provide only new information; do not include current data.

Reason Bump: Reassignment due to lesser seniority during reduction in force (not used by NCal). Career Progression: Promotion to the next higher job within a job family. (not used by NCAL) Grandfathered: For Labor Relations only. Select this box if the employee is moving into a lower job code, but will be keeping their former plan, grade, step and pay rate. Involuntary downward reassignment due to performance, competency decrease, etc. INV - Demotion: INV - Return to Former Job: Involuntary return to a pr evious classification. (not used by NCAL) Job Reclassification: Reclassification of an employee's job. Lateral: Movement to another job within the same or comparable grade and general level of responsibility. Movement that is not a career progression, of an individual employee to a job in a higher grade and level of Promotion: responsibility. Reclassification of an employee's primary job when only specific employees' jobs are being restructured. (not Reclass of Primary Job: used by NCAL) VOL - Return to Former Job: Voluntary return to a previous classification. (not used by NCAL) VOL - Downward Change: Voluntary downward reassignment due to personal reasons, restructuring, etc.

New Job Code

Enter the employee's new Job Code.

Union Code / Bargaining Unit (Only required for non-exempt employees)

Enter the employee's union code and bargaining unit. See the Help with Forms page on the My HR site for a full list of unions / bargaining units.

Red-Circled/Green-Circled (Labor Relations ONLY for NCAL; Local HR/Recruitment/Compensation for SCAL/NW/TX)

A red-circled employee is someone who is paid above the rate that corresponds to a step or pay range. A green-circled employee is someone who is paid below the rate that corresponds to a step or pay range.

Grandfathered (Labor Relations ONLY for NCAL; Local HR/Recruitment/Compensation for SCAL/NW/TX)

A grandfathered employee is someone who is moved into a lower job code, but is at the same plan, grade, step and pay rate.

Instructions for Completing the HR Adjustment Request Form

Step / Hourly Rate

Enter the employee's new hourly rate and step. **Compensation Rate End Date** Use this field **only** if an employee is red-circled, green-circled, or grandfathered with a specific end date.

DATA CHANGE section

This section is used for non-job-code related changes.

If the data change is a result of a settlement, remember to select the 'Settlement' checkbox.

Union Code / Bargaining Unit

Enter the employee's union code and bargaining unit. See the Help with Forms page on the My HR site for a full list of unions/ bargaining units.

Standard Hours

Enter the employee's regular scheduled weekly hours.

Supervisor ID (NW/TX ONLY)

Enter the eight-digit number of the employee's immediate supervisor.

Employee Classification

For classification changes, refer to job code.

Shift

- 1 Day
- 2 Evening
- 3 Night
- Regular / Temporary

Temporary - employed for a specific project or a specific period of time Regular - no specific project or specified employment duration

Full / Part-Time

Full-time - employee scheduled to work 40 hours each week

Part-time - employees scheduled to work less than 40 hours each week

RATE CHANGE section

This section is used for pay rate changes for an employee who is not in a step-structured job. A step-structured job is a job with pay rates directly associated with a step. Most non-union jobs are not on a step structure. Contact your regional Compensation department for more information on step-structured jobs.

Reason

Adjustment to Minimum:	Is used for an increase made to employee's comp rate to bring it to the bottom of
	the salary range.
Merit:	A Performance-based salary increase used in conjunction with the annual salary planning process.
Market Adjustment:	Is used for a pay adjustment to Comp Rate, based on market conditions. (NA for NCAL)
Equity Adjustment:	Is used for an increase made to realign employee's Comp Rate when they are within the salary range but below alignment with peers and/or market survey data.
Settlement:	Is used to update compensation as a result of a settlement.
Range Utilization:	Is used to increase an employee's salary that is in the low end of the salary range up to meet competitive market demands. (NA for NCAL)
Decrease:	Is used any time the hourly rate is decreased regardless of reason
Compression:	Is used for Increase made to employee's Comp Rate to correct the margin between supervisors and their employees. (NA for NCAL)
unlu Data	

Hourly Rate

Enter the employee's new hourly rate.

Employee Type (NA for NCAL)

Salaried Hourly employees

Comments

Information provided in the `Comments' section is for record purposes only. **Note to Labor Relations ONLY** - Special Pay Differential: If the employee is eligible for the Special Pay Differential, please provide in the 'Comments' section of the form.

Manager ID

Please provide the Manager's employee ID in this field for verification. If the Manager is not in the NCAL, SCAL, NW or TX region, provide the Manager's region in the 'Comments' section.

SIGNATURE GUIDELINES

- SCAL/NW/TX Recruitment or Local HR signature is required for all HRAR forms. See SCAL Compensation Guidelines for pay-related changes and additional required authorization signatures.
- NCAL Manager signature is required. Labor Relations signature is required for Grandfathering, Red-circling/Green circling, Settlements and the Special Pay Differentials. Compensation approval may be required. See NCAL Compensation guidelines for pay and job-related changes and additional authorization signatures that may be required.

STAMP GUIDELINES

- SCAL/NW/TX Designated Recruitment Stamp/Local HR Stamp is required for all HRAR forms. See SCAL Compensation Guidelines for pay-related changes and additional required authorization signatures.
- NCAL No Stamps are required. See NCAL Compensation guidelines for pay and job-related changes and additional authorization signatures that may be required.