*MEA Misc. Department Salary Placement Form*

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| --- | --- | --- |
| **Employee Name** | **Employee ID #** | **Employee Class #** |
|  |  |  |
| **Position Working Title** | **Department** | **Current Annual Base Salary** |
|  |  |  |
| **Submission Type** | | **Effective Date** |
| Initial Appointment ☐ Post Appointment ☐ | |  |
| **MCCP** | **Non-MCCP** | **New Annual Base Salary** |
| A ☐ B ☐ | 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐6 ☐ 7 ☐ 8 ☐ 9 ☐ |  |
| **Applicable Justifications *(select all that apply)*** | | |
| Performance/Merit ☐ Education/Training ☐ Experience ☐ Seniority ☐ Internal Equity ☐ | | |
| **Related Information Supporting Range A/B or Steps 1-9 Adjustment** | | |
|  | | |

**MCCP Range A / B or Non-MCCP Step 1 - 9 Placement**

*The Department shall submit a copy of the signed form to the DHR MCCP Administration Mailbox (*[DHR-MCCPAdministration@sfgov.org](mailto:DHR-MCCPAdministration@sfgov.org)).

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| --- | --- | --- |
| **Appointing Officer** | **Signature** | **Date** |
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