



Professional Staff Request for Review of Salary Increase or Promotion

Section I. Applicant Information

Employee's Name: _____	
Department: _____	
Please indicate one option for which you are applying by checking a box below (see <i>Reclassification and Promotion of Positions Policy</i>):	
☐ Request for Promotion (with change in budget title, salary grade level, and salary increase) I wish to apply for consideration for promotion as a consequence of <u>an increase in the scope and complexity</u> of assigned duties and responsibilities that are both significant and permanent.	
☐ Request for Salary Increase (without a change in budget title or salary grade level) I wish to apply for consideration for a salary increase as a consequence of <u>a permanent and significant increase</u> in duties and responsibilities.	
Applicant Signature (Not required if application is filed by immediate supervisor on behalf of employee)	Date Forwarded
Attachments: Please attach the following documents supporting your promotion or salary increase request: ☐ Cover letter indicating specific/detailed rationale for the request ☐ Copy of current performance program ☐ Copy of at least the last two performance programs or as many as you believe necessary to demonstrate the change in duties and responsibilities ☐ Job Description Questionnaire (for Promotion request only) ☐ Organization chart ☐ Other supporting documentation (may include performance evaluations, letters of recommendations from colleagues, etc.)	

Section II. Review and Recommendations

Immediate Supervisor (Print Name):	Date Received:
☐ Agree	
☐ Disagree List reason(s) required if you disagree – please attach additional statement if necessary: _____	
Signature _____	Date Forwarded _____
Please return a copy of this form to the employee as proof of review at this level and forward to the next level as indicated below.	

Next Level Supervisor (if applicable) (Print Name):	Date Received:
☐ Agree	
☐ Disagree List reason(s) required if you disagree – please attach additional statement if necessary: _____	
Signature _____	Date Forwarded _____
Please return a copy of this form to the employee as proof of review at this level and forward to the next level as indicated below.	

Human Resources:	Date Received:
☐ Agree	
☐ Disagree List reason(s) required if you disagree – please attach additional statement if necessary:	
Signature	Date Forwarded
Please return a copy of this form to the employee as proof of review at this level and forward to the next level as indicated below.	

Vice President:	Date Received:
☐ Approved ☐ Promotion denied; however, a salary increase is appropriate and approved ☐ Denied (may be appealed to College Review Panel – Form attached)*	
☐ Criteria not met (more appropriate for DSI and other merit based programs) ☐ Permanent increase in duties and responsibilities was not sufficiently significant ☐ Increase in scope and complexity of duties and responsibilities was not sufficiently significant ☐ Other (explanation attached)	
Signature	Date Forwarded
Please return a copy of this form to the employee after final review. If the request is denied, attach a copy of the College Review Panel form. If the request is approved, forward the form to the College President.	

Section III. Approval

President	
☐ Promotion is approved (with change in budget title, salary grade level, and salary increase) ☐ Salary Increase is approved (without change in budget title, or salary grade level) ☐ Denied*	
Signature	Date

The decision by the college president for promotion shall be final, provided, however that a decision by the college president which is claimed by the applicant to be arbitrary or capricious may be appealed on such basis to the University Review Board by such person in accordance with appropriate provisions stated in Appendix A-28 in the Agreement between United University Professions (UUP) and the State of New York.

The decision to provide a salary increase is within the discretion of the college president and the college president's decision shall be final.

*Applications for promotion which are disapproved may not be resubmitted for a period of either eighteen (18) months, or until the employee's performance program has been changed, whichever is sooner, following disapproval by the College Review Panel, by the president or if an appeal is taken to the University Review Board, by that Board.

FOR ADMINSTRATIVE PURPOSES ONLY – DO NOT FORWARD THIS PAGE TO EMPLOYEE

BUDGET TITLE REQUESTED: _____

BUDGET TITLE RECOMMENDED BY HR: _____

BUDGET TITLE APPROVED BY VP: _____

LOCAL TITLE REQUESTED: _____

LOCAL TITLE RECOMMENDED BY HR: _____

LOCALT TITLE APPROVED BY VP: _____

SALARY REQUESTED: _____

SALARY RECOMMENDED BY HR: _____

SALARY APPROVED BY VP: _____