



Professional Staff
Request for Review of Salary Increase or Promotion

Section I. Applicant Information

Applicant's Name:
(May be filed on behalf of the employee by the immediate supervisor)

Department:

Please indicate one option for which you are applying, by checking a box below (see Guidelines for Professional Staff Requesting Promotion or Salary Increase):

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 an increase in the scope and complexity of in assigned duties and responsibilities that is both significant and permanent.

Request for Salary Increase (without change in budget title or salary grade level)
I wish to apply for consideration for a salary increase as a consequence of a permanent and significant increase in duties and responsibilities.

Applicant Signature Date Forwarded
(Not required if application is filed by immediate supervisor on behalf of employee)

Attachments:

Please attach the following documents supporting your request 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 are necessary to demonstrate the change in duties and responsibilities
Organization chart
Other supporting documentation (may include performance evaluations, letters of recommendation from colleagues etc.)

Section II. Review and Recommendations

Immediate Supervisor Date Received:

Agree
Disagree

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.

<b>Next Level Supervisor (if applicable)</b>	<b>Date Received:</b> _____
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree _____	
Reason(s) required if you disagree- please attach additional statement if necessary	
_____ Signature	_____ Date Forwarded
<b>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.</b>	

<b>Human Resources</b>	<b>Date Received:</b> _____
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree _____	
Reason(s) required if you disagree- please attach additional statement if necessary	
_____ Signature	_____ Date Forwarded
<b>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.</b>	

<b>Vice President</b>	<b>Date Received:</b> _____
<input type="checkbox"/> Approved <input type="checkbox"/> Promotion denied, however salary increase is appropriate and approved <input type="checkbox"/> Denied (may be appealed to College Review Panel- Form attached) *	
<input type="checkbox"/> Criteria not met (more appropriate for DSI and other merit based programs) <input type="checkbox"/> Permanent increase in duties and responsibilities was not demonstrated <input type="checkbox"/> Increase in scope and complexity of duties and responsibilities was not sufficiently significant <input type="checkbox"/> Other (explanation attached)	
_____ Signature	_____ Date
<b>Please return copy of this form to employee after final review. If the request is denied, attach a copy of the College Review Panel form. If the request is approved, forward a copy to the Vice President for Administration &amp; Finance for action at the Compensation Review Committee meeting.</b>	

**Section III. Approval**

<b>President</b>	
<input type="checkbox"/> Promotion is approved (with change in budget title, salary grade level, and salary increase) <input type="checkbox"/> Salary Increase is approved (without change in budget title or salary grade level) <input type="checkbox"/> Denied*	
_____ Signature	_____ Date

The decision by the university president for promotion shall be final, provided, however, that a decision by the university 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 university president and the university 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.