# Professional Staff Request for Review of Salary Increase or Promotion

## Section I. Applicant Information

<table>
<thead>
<tr>
<th>Applicant Name (print name)</th>
<th>Department</th>
</tr>
</thead>
</table>

Please check one option for which you are applying:

___ 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 assigned duties and responsibilities that are both significant and permanent.

___ Request for Salary Increase (without a change in budget title or salary grade level)

Salary Requested

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Date Forwarded</th>
</tr>
</thead>
</table>

(not required if application is filed by immediate supervisor on behalf of employee)

**Attachments:** Please attach the following documents supporting your promotion or salary increase request:

___ Cover letter indicating specific/detailed rationale for the request, included but not limited to specific tasks and duties that have been added/changed/removed and effective date(s) of change

___ 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

___ Organization chart

___ Other supporting documentation (may include performance evaluations, letters of recommendation from colleagues, etc.)

## Section II. Review and Recommendations

<table>
<thead>
<tr>
<th>Immediate Supervisor (print name)</th>
<th>Date Received</th>
</tr>
</thead>
</table>

Agree  Disagree – List reason(s). Required if you disagree. Attach additional statement if necessary.

<table>
<thead>
<tr>
<th>Supervisor Signature</th>
<th>Date Forwarded</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Next Level Supervisor (if applicable) (print name)</th>
<th>Date Received</th>
</tr>
</thead>
</table>

Agree  Disagree – List reason(s). Required if you disagree. Attach additional statement if necessary.

<table>
<thead>
<tr>
<th>Next Level Supervisor (if applicable) (signature)</th>
<th>Date Forwarded</th>
</tr>
</thead>
</table>

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.
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*

President’s Signature

Date

Created 12/2023
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 College President, or if an appeal is taken to the University Review Board, by that Board.

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