

Professional Staff Request for Review of Salary Increase or Promotion

Section I. Applicant Information

Applicant Name (print name)

Department

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**

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, 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

Immediate Supervisor (print name)

Date Received

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

Supervisor 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. Attach additional statement if necessary.

Next Level Supervisor (if applicable) (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 (print name)

Date Received

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

Human Resources 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/Provost in Hierarchy (print name)

Date Received

_____ Approved
_____ Promotion denied: however, a salary increase is appropriate and approved
_____ Denied (may be appealed to the College Review Panel – Form attached *
 _____ Criteria not met (more appropriate for DSI and other merit based programs)
 _____ Permanent increase in duties and responsibilities were not sufficiently significant
 _____ Increase in scope and complexity of duties and responsibilities were not sufficiently significant
 _____ Other (explanation attached)

Vice President/Provost in Hierarchy 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.

VP of Administration and Finance (print name)

Date Received

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

VP of Administration and Finance 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*

President's 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 College President, or if an appeal is taken to the University Review Board, by that Board.

Office of Human Resources • Brooks Hall • 80 Eaton St. • Morrisville, NY 13408 • Phone: 315-684-6038 • www.morrisville.edu