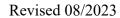




## **Professional Staff Request for Review of Salary Increase or Promotion**

Section I. Applicant Information		
Applicant Name (print name)	Department	
Please check one option for whe Positions Policy):	nich you are applying (see Reclas	ssification and Promotion of
increase): shall mean an accompanied by movemed permanent and significant position or a change in the permanent increase in the a change in the employee increase in the scope and  Request for Salary Increshall mean an increase to in salary grade or title, re	(with change in budget title, salar increase in a professional employent to a higher salary level with a at increase in scope and complexitive employee's duties and responsible scope and complexity of function e's duties and responsibilities as a complexity of function of the employee's duties and responsibilities as a complexity of function of the employee's basic salary from a permanent and signistrated by the employee's performance of the employee's	ee's basic annual salary change in title, resulting from a ty of function of the employee's bilities as a consequence of a on of the employee's position or consequence of a permanent aployees position.  title or salary grade level): annual salary, without a change nificant increase in duties and
_	following documents supporting	
Cover letter indicating sp	pecific/detailed rationale for the re	equest
Copy of current performa	ance program (Please highlight ar	ny changes)
	wo performance programs or as note in duties and responsibilities	nany as you believe necessary
Unit/department organiza	ational chart	
Other supporting docume recommendation from co	entation (may include performance)	ee evaluations, letters of





**Rationale:** Please provide a specific/detailed rationale for the request above. Include current budget title and salary level along with the proposed budget title and salary level including an exact amount.

<b>I</b>	print name)	
Recommend Attach additional stateme		et reason(s). Required if you disagree.
Immediate Supervisor (	signature)	Date
Next Level Supervisor (	print name)	
Recommend Attach additional stateme	Do not recommend – Lis	et reason(s). Required if you disagree.



Revised 08/2023 Do not recommend – review process ends. List reason(s). Required if you disagree. Attach additional statement if necessary. **Executive Officer** (signature) Date Please return a copy of this form to the employee as proof of review and forward to Human Resources. **Human Resources** (print name) Comments: **Human Resources** (signature) Date **Executive Officer** (print name) **Recommendations:** Promotion recommended **Budget Title** Salary Grade Level Salary Increase Amount Promotion denied, but a salary increase is appropriate and approved Amount recommended Salary increase recommended



Amount recor	nmended		
Denie	d (may be appealed to the College Review Panel, attach Form)		
	Criteria not met (more appropriate for DSI and other merit-based programs)		
	Permanent increase in duties and responsibilities were not sufficiently significant		
_	Other (explanation attached)		
Executive Of	Ficer (Signature) Date Forward		
President (pr	int name)		
Promo	otion is approved (with change in budget title, salary grade, and salary increase)		
Salary	increase is approved (without change in budget title or salary grade level)		
Denie	$\mathrm{d}^*$		
President (Si	gnature) — — — — — — — — — — — — — — — — — — —		

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 Professionals (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 denied 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 the Board.