

## FY 12 PROMOTION REQUEST FORM Brown University Human Resources

Incumbent Name			
Supervisor Name			
Department			
Department SUPERVISOR'S INSTRUCTIONS			
Attach a newly completed Job Description and a department organizational chart.			
<ul> <li>Complete the information below based on the current specifications of the position and the department's recommended outcome.</li> <li>Discuss the recommended salary outcome with appropriate senior staff or divisional representative prior to submitting the audit request and obtain</li> </ul>			
	e funding source.	or annoional represent	tauve prior to submitting the dual request and obtain
	Current Specifications	Recom	nmended Outcome*
Title:			
Tido.			
Grade:			
ELOA Otatua			□ Non Format
FLSA Status:	☐ Exempt ☐ Non-Exempt	☐ Exempt	☐ Non-Exempt
FTE Salary:	\$	\$	% Increase
In the space below, state specifically those changes or additions to the new Job Description which were not part of the old Job Description and the justification for this Job Audit request.			
SIGNATURES/APPROVAL			
Supervisor Signature**			Signature Date
			<b>7</b>
<u> </u>			
Department Head Signature**			Signature Date

Please submit requests to Senior Officer for by April 25<sup>th</sup> unless an earlier deadline has been set by the Division. Please submit approved requests to Compensation Services, Box 1879 by May 2, 2011.

Senior Officer (or Divisional Representative) Signature\*\*