

## 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):							
						I wish to apply	<b>romotion</b> (with change in budget title, salary grade level, and salary increase) for consideration for <b>promotion</b> as a consequence of <u>an increase in the scope and complexity</u> of in and responsibilities that is both <u>significant and permanent</u> .
							alary Increase (without change in budget title or salary grade level)  of for consideration for a salary increase as a consequence of a permanent and significant increase in onsibilities.
	Applicant Sign (Not required i	nature  Date Forwarded f application is filed by immediate supervisor on behalf of employee)					
Attachr Please a	ttach the followi Cover letter inc Copy of curren Copy of at lea change in dutie Organization c	ng documents supporting your request promotion or salary increase request: dicating specific/detailed rationale for the request at performance program st the last two performance programs or as many as you believe are necessary to demonstrate the as and responsibilities hart ng documentation (may include performance evaluations, letters of recommendation from colleagues					
Section II. Review and Recommendations							
Immediate Supervisor Date Received:		Date Received:					
0	Agree Disagree _	Reason(s) required if you disagree- please attach additional statement if necessary					
	Signature	Date Forwarded					
	return a copy of	f this form to the employee as proof of review at this level and forward to the next level as					

Next L	evel Supe	rvisor (if applicable)  Date Received:		
_ _	Agree Disagree			
		Reason(s) required if you disagree- please attach additional statement if necessary		
	Signature return a co	Date Forwarded opy of this form to the employee as proof of review at this level and forward to the next level as		
Humar	Resource	Date Received:		
	Agree Disagree			
		Reason(s) required if you disagree- please attach additional statement if necessary		
	Signature return a coed below.	Date Forwarded opp of this form to the employee as proof of review at this level and forward to the next level as		
Vice Pr	esident	Date Received:		
_ _	Approve Promotic Denied (s			
	Signature	Date		
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 the form to the College President.				
Section III. Approval				
President				
_ 		on is approved (with change in budget title, salary grade level, and salary increase) crease is approved (without change in budget title or salary grade level)		
	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 president or if an appeal is taken to the University Review Board, by that Board.