

College at Oneonta
UUP Professional Request for Salary Increase or Promotion
(In-rank and Rank-to-rank reclassifications)

Applicant's Name: _____

Print Signature Date Submitted

Please indicate one option below for which you are applying: (See instructions attached)

I wish to apply for a salary increase (without change in title or salary level)
 Current Salary _____ Salary Requested _____

I wish to apply for a promotion (with change in title, salary level and increase in salary)

Present Budget Title/ SL/Salary _____ / SL- / \$

Requested Budget Title/ SL/Salary _____ / SL- / \$

Please attach appropriate documentation supporting your request for promotion and/or salary increase
 (See specifics in the "Requirements" section in the attached Instructions)

Cover letter indicating specific/detailed changes in duties and rationale for request

Performance Program(s)

Supporting Documentation

Immediate Supervisor (required) <input type="checkbox"/> Recommend <input type="checkbox"/> Denied * Approval	Date Received: After consultation with the Office of Human Resources, the supervisor will either recommend approval and forward request to the next level supervisor or submit the form to the Office of Human Resources for review by the Classification and Compensation Committee, whichever is applicable, or deny the request. In either case, the supervisor will communicate the action and provide a copy of the form to the employee.
Signature _____	
Date Forwarded _____	

Next Level Supervisor (if applicable) <input type="checkbox"/> Recommend <input type="checkbox"/> Denied * Approval	Date Received: If this section is applicable, either recommend approval and forward the request to The Office of Human Resources for review by the Classification and Compensation Committee or deny the request. In either case, the next level supervisor will communicate the action and provide a copy of the form to the employee.
Signature _____	
Date Forwarded _____	

Campus Class & Comp Committee (required if approval is recommended) <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend Denial Approval	Date Received: The Campus Classification & Compensation Committee is a recommending body to the vice presidents. No decision is made at this level. The application is forwarded to the vice president along with the recommendation of the committee.
Signature _____	
Date Forwarded _____	

Vice President (final decision if approved) <input type="checkbox"/> Approved <input type="checkbox"/> Denied *	Date Received: The decision of the vice president is returned to the Office of Human Resources who will notify the employee. If the request is denied, the employee will again be reminded of his/her right to request that the application be reviewed by the College Review Panel. A copy of this form must be returned to the employee if his/her request is denied.
Signature _____	
Date _____	

****If application is denied or not recommended for approval at any level below the President, the employee may appeal the decision to the College Review Panel.***