

UUP Professional Request for Review Salary Increase or Promotion

Applicant's Name: _____
Print Signature Date

Please indicate one option below for which you are applying: (see the UUP Salary Increase or Promotion Guidelines – www.cortland.edu/hr/forms.html)

I wish to apply for a salary increase (without change in title or salary level – typically a 3% salary increase)

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

Present Budget Title/Salary Level(SL): _____

New Budget Title/Salary Level (SL): _____

Please review this form in its entirety and complete the requested sections as factually and objectively as you can. Also attach to this form the documentation detailed immediately below.

Most recent/current Performance Program +/- Modification to Performance Program Form

Previous Performance Program

Required steps to be followed (each supervisor will agree/disagree with the contents of applicant's submission)

Immediate Supervisor (required) _____ Date Submitted: _____

Agree Disagree Reason(s) (required if you disagree - please attach additional statement if necessary)

Signature _____

Date Forwarded _____

Please return copy of this form to the employee as proof of review at this level and forward to the next level below.

Next Level Supervisor (if applicable) _____

Agree Disagree Reason(s) (required if you disagree - please attach additional statement if necessary)

Signature _____

Date Forwarded _____

Please return copy of this form to the employee as proof of review at this level and forward to the next level below.

Next Level Supervisor (if applicable) _____

Agree Disagree Reason(s) (required if you disagree - please attach additional statement if necessary)

Signature _____

Date Forwarded _____

Please return copy of this form to the employee as proof of review at this level and forward to the next level below.

AVP of HR (to be completed after consult with VP) <input type="checkbox"/> Approved <input type="checkbox"/> Promotion denied but salary increase approved Signature _____ Date _____	Salary Increase Amount Recommended: _____ Effective Date: _____	<input type="checkbox"/> Denied (may be appealed to Review Panel – Form attached) <input type="checkbox"/> Criteria not met (more appropriate for DSI, Inequity, etc.) <input type="checkbox"/> Not permanent increase <input type="checkbox"/> Not sufficiently significant <input type="checkbox"/> Other (explanation attached)
--	--	--

Original: Fully completed form to HR for distribution (Original to P. File, cc: of page 1 to employee)

**UUP Professional Request for Review -
Salary Increase or Promotion**

Applicant's Name:

Print

Signature

Date

1) In the following section, please list, using a bulleted format, the specific tasks, duties, and/or responsibilities that have been ***added or changed*** which are being used as the basis for this request. Please also indicate an effective date of such change:

-

2) In the following section, please list, using a bulleted format, the specific tasks, duties, and/or responsibilities that have been ***removed from or have been significantly decreased*** since your last performance program. Please also indicate an effective date of such change:

-

Please attach an additional page if necessary but please keep the request as brief and concise as possible.