**UUP SALARY INCREASE/PROMOTION APPEAL FORM**

This form should be used when applying to the College Review Panel for a review of a denial of a salary increase and/or promotion in accordance with the appropriate provisions stated in Appendix A-28 in the Agreement between United University Professions (UUP) and the State of New York. Before applying to the Panel, a professional employee must first have requested a recommendation for a salary increase from the immediate supervisor and been denied at an organizational level below that of the President.

Instructions: UUP Employee should complete this form and submit to the University at Albany College Review Panel Chair for the UUP Albany Chapter at [uupalb@gmail.com](mailto:uupalb@gmail.com).

Employee’s Name: Click or tap here to enter text.

Department: Click or tap here to enter text.

**Current position details**

Budget Title: Click or tap here to enter text.

Salary Level (SL): Click or tap here to enter text.

Local Title: Click or tap here to enter text.

**Please select the basis for your appeal:**

**Denial of Promotion (i.e. change in budget title, salary grade level, and salary increase).** “Promotion” for this purpose shall mean an increase in a professional employee’s basic annual salary with a change in title and movement to a higher salary rank, resulting from a permanent significant increase or change in the employee’s duties and responsibilities as a consequence of a permanent increase in the scope and complexity of function of the employee’s position.

**Requested details**

Budget Title (if different): Click or tap here to enter text.

Salary Level (if different): Click or tap here to enter text.

Local Title (if different): Click or tap here to enter text.

**Denial of Salary Increase (without a change in budget title or salary grade level).** “Salary Increase” for this purpose shall mean an increase in a professional employee’s basic annual salary for an employee who has been assigned a permanent and significant increase in duties and responsibilities as demonstrated by the employee’s performance program.

**Supervisory level that made the denial:**

Supervisor’s Name: Click or tap here to enter text.

Supervisor’s Title: Click or tap here to enter text.

Date of denial: Click or tap here to enter text.

Please identify and describe the permanent and significant increase in duties, tasks, and responsibilities you have assumed that you believe qualifies you for a salary increase and/or promotion. (Use extra paper if necessary)

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| Click or tap here to enter text. |

In addition to completing this application, please attach the following supporting documents:

Copies of your two most recent performance programs (should include one current performance program)

An organizational list showing the chain of command applicable to your position

Employee Signature: Date: