|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Last Name | | | Employee First Name | | Date Submitted |
| Department | | | Supervisor Name | | Employee Request  Supervisor Request |
| Current Budget Title and Grade | | | Current Campus Title | | Current Salary |
| Request for salary increase without change in title/grade | | | | | |
| Request for promotion (change in salary, title, and grade) | | | | | |
|  | Proposed Budget Title and Grade | | | Proposed Campus Title (if applicable) | |
| Please attach appropriate supporting documentation required unless otherwise noted: | | | | | |
| ☐ | | Completion of page two of this form | | | |
| ☐ | | Copy of current performance program | | | |
| ☐ | | Copy of prior year’s performance program, and more if needed to support request | | | |
| ☐ | | Cover letter indicating specific / detailed rationale for the request and any other information deemed appropriate (optional) | | | |
| ☐ | | Copy of current job description (optional) | | | |
| ☐ | | **Promotional Requests** - Organization Chart showing the position in relation to others including staff above, peers and those supervised | | | |

Employee Signature (required only for employee submitted requests) Date Submitted to Supervisor

*Employee Requests go directly to the immediate supervisor. If necessary, include additional supervisory level decision to this form or attach memo.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervisor** | | | | | | | | |
| Date Received | ☐ | Recommend Approval | ☐ | Denied\* |  |  |  |  |
|  |  |  |  |  | Signature | Date Forwarded |
| Provide reason(s) approval or denial (if applicable, attach additional pages if necessary): | | | | | | | | |

***Provide copy of this form with your response to the employee. If recommending approval, forward to Dean/Department Head.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dean/Department Head – attach approval or denial justification (required), AND provide a copy of this form with your decision to the employee** | | | | | | | |
| Date Received | ☐ | Recommend Approval | ☐ | Denied\* |  |  |  |
|  |  |  |  | Signature | Date Forwarded |
| Provide reason(s) for approval or denial (if applicable, attach additional pages if necessary): | | | | | | | |

***Provide copy of this form with your response to the employee.***

**If Dean/Department Head is recommending approval:**

1. Please enter a HRTS request at this point for further processing, attach all supporting documentation.
2. HR will review and submit recommendation to VP via HRTS for their consideration and decision.
3. Candidate will be informed of VP final determination via electronic communication (e-mail).
4. Approvals will be made effective the first day of the next pay period following VP’s approval.

**\*If application is denied at any level below the President, the employee may appeal the decision to the College Review Panel. The lack of response at any level for 45 days constitutes a denial and may be appealed.**

Employee Name:

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 quantify, if possible, detail the impact of added responsibilities, and indicate an effective date of such change:

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1. 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:

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Please attach additional pages if needed.