

## SUNY Cortland

### UUP Professional Request for Review Salary Increase or Promotion

Applicant's Name: \_\_\_\_\_  
Print Signature

Please indicate one option below for which you are applying: (see the UUP Salary Increase or Promotion Guidelines – [www.cortland.edu/hr/forms.html](http://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 attach to this form documentation supporting your request for promotion or salary increase (If appropriate)

Cover letter indicating specific/detailed rationale for request

Copy of job description or standard you are applying for (for promotion request only)

Performance Program(s) (see Memorandum of Understanding for specifics)

Other supporting documentation or letters of recommendation

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

\_\_\_\_\_  
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<p>VP (to be completed during Cabinet review mtg.)</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Promotion denied but salary increase approved</p> <p>_____ Signature</p> <p>_____ Date</p>	<p>Salary Increase Amount: _____</p> <p>Effective Date: _____</p>	<p><input type="checkbox"/> Denied (may be appealed to Review Panel – Form attached)</p> <p><input type="checkbox"/> Criteria not met (more appropriate for DSI, Inequity, etc.)</p> <p><input type="checkbox"/> Not permanent increase</p> <p><input type="checkbox"/> Not sufficiently significant</p> <p><input type="checkbox"/> Other (explanation attached)</p>
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\_\_\_\_\_

Print

\_\_\_\_\_

Signature

1) In the following section, please list the specific tasks, duties, and/or responsibilities that have been added or changed and which are being used as the basis for this request:

2) In the following section, please list the specific tasks, duties, and/or responsibilities that have been removed from or have been significantly decreased since your last performance program:

Please attach additional pages as necessary but please keep request to less than two (2) pages.