HUMAN RESOURCES & PAYROLL DEPARTMENT



www.csufresno.edu/hr (559) 278-2032

In-Range Progression Request Form

INSTRUCTIONS:

An IRP request may be submitted by either the Administrator, employee or the employee's Appropriate Administrator (non-bargaining unit supervisor or manager). Complete **PART I** of this form and submit to the Appropriate Administrator for signature. Once the Administrator has signed the request, he/she submits directly to Human Resources (HR). APC (Unit 4) employees may submit the request directly to HR and additional signatures required in **PART II** will be obtained by HR.

PART I				
Request initiat	ed by: □ Employe	e □ Manager	Date:	
Employee Nan	ne:		Employee ID:	
Department:Division/College:				
Classification:				
Please identify the reason for the In-Range Progression (IRP) request by checking the appropriate box: A justification for reason submitted, updated position description, or additional information may be required to process the request.				
(UAPD – Unit 1) Union of American Physicians and Dentists: Represented employees shall submit their requests to their Director/Administrator. In the event that the administrator does not forward the request to HR within thirty (30) days, the employee can file the request directly with HR. Please select at least one reason for IRP.				
	Assigned application Retention Equity	n of enhanced skill(s)		
(CSUEU – Unit 2, 5, 7 & 9) California State University Employees Union: Represented employees shall submit their requests to their appropriate administrator. In the event the administrator does not forward the request to HR within thirty (30) days, the employee can file the request directly with HR. Please select at least one reason for IRP.				
	Retention Equity Performance Out-of-classification Increased workload New lead work or n	trator where the classific nsibility		
(APC - Unit 4 Employee-initi Please select a	Academic Profes ated requests shall t least one reason for Increased responsib	sionals of California: A be submitted to HR, an IRP. ilities and skills of the emaordinary performance	An employee or manager may inited do not require manager review for aployee	

PART II: Signatures Employee (If employee initiated.) In-range progression review of employee requests shall be completed within ninety (90) days after official receipt of request in Human Resources. Human Resources will review the request and prepare a recommendation for review. If the request is denied, the Appropriate Administrator must provide information regarding the denial of the request. **Employee Signature Date** Review by the Appropriate Administrator (Immediate Non-Bargaining Unit Supervisor or Manager) ☐ Recommend Recommended Salary Increase: ______% □ Do Not Recommend **Appropriate Administrator Name Appropriate Administrator Signature Date** Review by AVP/Dean (Or Equivalent) If recommended for approval you acknowledge that your department is fiscally prepared to implement any changes that result from this review and that any internal budget review required by your department/division has been completed. You also acknowledge that your approval does not guarantee a change in compensation and the final decision will be made by Human Resources. □ Approved Recommended Salary Increase: ______% □ Denied **AVP/Dean Name AVP/Dean Signature** Date **Human Resources** Approved Recommended Salary Increase: ______% Denied **HR Manager's Signature HR Manager's Name Date Review by Vice President** Approved Recommended Salary Increase: % □ Denied Name **Signature Date**