

## In-Range Progression Request Form (Unit 6)

### INSTRUCTIONS:

An In-Range Progression ("IRP") request may be submitted by either the requesting employee or by the president, president's designee, or an appropriate administrator. Reviews shall be completed within ninety (90) days after the request is received by Human Resources. If the IRP request is denied, the employee shall receive a written reason for the denial.

Complete **PART I** of this form and submit to the **Human Resources Office** on your campus.

### PART I

Request initiated by: ☐ Employee ☐ University Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Division/College: \_\_\_\_\_ Classification: \_\_\_\_\_

Please identify the reason or reasons for the In-Range Progression (IRP) request by checking the appropriate box or boxes. Review will be limited to the reasons checked below. For a description of each of the reasons upon which an IRP may be based, please see **Appendix A**.

- ☐ Long-term service
- ☐ Retention
- ☐ Equity
- ☐ Assigned application of enhanced skill(s)
- ☐ Performance
- ☐ Out-of-classification work that does not warrant a reclassification
- ☐ Increased workload
- ☐ New lead work or new project coordination functions given to an employee on an on-going basis by an appropriate administrator where the classification standard/series do not specifically list lead work as a typical duty or responsibility
- ☐ Other salary related criteria

**JUSTIFICATION:**

Describe the rationale for this request, providing specific examples. An updated position description may be needed to document additional duties. If additional space is necessary for explanation or other information, please attach additional pages to this form and note that there is an attachment in the box below.

## **PART II: Signatures**

### **Employee (If employee initiated.)**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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### **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

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### **Approval by AVP/Dean (Or Equivalent)**

☐ Approved

☐ Recommended Salary Increase: \_\_\_\_\_%

☐ Denied

\_\_\_\_\_  
AVP/Dean Name

\_\_\_\_\_  
AVP/Dean Signature

\_\_\_\_\_  
Date

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## **PART III: HR Review**

### **Evaluation by the HR Manager Conducting the Classification and Compensation Review**

☐ Approved

☐ Recommended Salary Increase: \_\_\_\_\_%

☐ Denied

\_\_\_\_\_  
HR Manager's Name

\_\_\_\_\_  
HR Manager's Signature

\_\_\_\_\_  
Date