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 and TEAMSTERS - Unit 6 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:	☐ Employee	☐ Management		Date:	
Employee Nam	ne:				Employee ID:	
Department:			Divi	sion/College	<u>:</u> _	
Classification:						
					y checking the appropriate box: A justification ion may be required to process the request.	
to their Directo	or/Admin	istrator. In the		nistrator does	nted employees shall submit their requests s not forward the request to HR within thirty	
	Assigned Retentio Equity		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.						
	Retentio Equity Performa Out-of-cl Increase New lea appropri typical d	n ance assification wo d workload d work or new	or where the classifica bility	nt a reclassific	cation n to an employee on an on-going basis by an /series does not specifically list lead work as a	
					or manager may initiate an IRP Request. iire manager review for submission.	
	In recogi	•	es and skills of the em dinary performance asons	ployee		

	al 2010 – Unit 6): An employee or manager may initiate an IRP request. Employee-initiated ubmitted to Human Resources.
☐ Rete☐ Equ☐ Assi☐ Perf	ity igned application of enhanced skill(s) formance
☐ Incre ☐ New appl	of-classification work that does not warrant a reclassification eased workload velocities lead work or new project coordination functions given to an employee on an on-going basis by an ropriate administrator where the classification standard/series do not specifically list lead work as a call duty or responsibility
(SUPA – Unit 8) Sta	tewide University Police Association: A manager may initiate an IRP request on an employee's
☐ Incre ☐ Mar	eased responsibilities and skills of the employee ket or pay equity reasons formance reasons
(Confidential Class	es - C99): A President or designee can grant this increase at any time based upon:
☐ An a ☐ Emp	assessment of the knowledge, skills and abilities required in the position assessment of the needs of the campus alloyee merit aty with comparable positions within the campus.
	ECTION: ale for this request, providing specific examples. An updated position description may be needed to duties. Attach additional information if necessary.

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 Signature Appropriate Administrator Name 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 Signature AVP/Dean Name** Date **Human Resources** Approved Recommended Salary Increase: ______% □ Denied **HR Manager's Name HR Manager's Signature** Date **Review by Vice President** Approved Recommended Salary Increase: _____% □ Denied **Signature** Name Date

Revised 1-2022