

**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 initiated by:  Employee  Management Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ 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(s) 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.

- Assigned application of enhanced skill(s)
- Retention
- Equity

**(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.

- Assigned application of new or enhanced skill(s)
- Retention
- Equity
- 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 does not specifically list lead work as a typical duty or responsibility
- Other salary related criteria

**(APC – Unit 4) Academic Professionals of California:** An employee or manager may initiate an IRP Request. Employee-initiated requests shall be submitted to HR, and do not require manager review for submission.

- Increased responsibilities and skills of the employee
- In recognition of extraordinary performance
- Market or pay equity reasons

**(TEAMSTERS Local 2010 – Unit 6):** An employee or manager may initiate an IRP request. Employee-initiated requests shall be submitted to Human Resources.

- 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

**(SUPA – Unit 8) Statewide University Police Association:** A manager may initiate an IRP request on an employee's behalf.

- Increased responsibilities and skills of the employee
- Market or pay equity reasons
- Performance reasons

**(Confidential Classes – C99):** A President or designee can grant this increase at any time based upon:

- The assessment of the knowledge, skills and abilities required in the position
- An assessment of the needs of the campus
- Employee merit
- Equity with comparable positions within the campus.

**JUSTIFICATION SECTION:**

Describe the rationale for this request, providing specific examples. An updated position description may be needed to document additional 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 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 Name**

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

\_\_\_\_\_  
**Date**

**Review by Vice President**

Approved Recommended Salary Increase: \_\_\_\_\_%

Denied

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**