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 it to the Appropriate Administrator for signature. Once the Administrator has signed the request, it may be submitted 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 initi	ated by:	☐ Employee	☐ Management		Date:			
Employee Na	ame:				Employee ID:			
Department:			Div	ision/College	ə:			
Classification	n:							
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	1						
	☐ Equity							
					e or manager may initiate an IRP Request. uire manager review for submission.			
	☐ Increase	d responsibilitie	es and skills of the em	ployee				
	☐ In recogr	nition of extraor	dinary performance					
	☐ Market o	r pay equity rea	asons					
(SUPA – Unit	t 8) Statewi	de University	Police Association:	A manager r	may initiate an IRP request on an employee's			
	☐ Increase	d responsibilitie	es and skills of the em	ployee				
		r pay equity rea						
	☐ Performa	nce reasons						
(Confidential	l Classes –	<u>C99)</u> : A Pres	ident or designee ca	n grant this	increase at any time based upon:			
	☐ The asse	ssment of the	knowledge, skills and	abilities requi	ired in the position			
			eeds of the campus	·	·			
	☐ Employe							
	☐ Equity wi	th comparable	positions within the ca	ampus.				

<u>JUSTIFICATION SECTION:</u> 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.							
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PART II: Signatures Employee (If employee initiated.) As outlined in the collective bargaining agreement, an 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							
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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	Recommende	d Salary Increase:	%						
☐ Denied									
AVP/Dean Name		AVP/Dean Signature		Date					
<u>Human Resources</u>									
☐ Approved	Recommende	d Salary Increase:	%						
☐ Denied									
HR Manager's Name		HR Manager's Signature		 Date					
•									
Review by Vice President									
☐ Approved	Recommende	d Salary Increase:	%						
☐ Denied									
Name		Signature		Date					