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 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

(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

(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.)

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

Appropriate Administrator Name	**Appropriate Administrator Signature**	**Date**

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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**