**SUNY CANTON**

**APPLICATION FOR PROFESSIONAL PROMOTION OR SALARY INCREASE**

NAME:       LINE NO:

CAMPUS TITLE & GRADE:

OFFICIAL STATE TITLE:

DEPARTMENT:

SUPERVISOR'S NAME:

**INSTRUCTIONS:** Please attach current performance program, evaluation, and a new performance program (if necessary) showing estimated percentages of time attributed to each activity. Refer to the Guide for Processes/Packets, Promotions or Salary Increases (UUP Professionals) section for further details. Forward the completed promotion/salary increase application form and attachments to your direct supervisor for continuation of the process. Use additional sheets as necessary.

1. This is a request for:

Salary increase within grade (See Agreement between United University Professionals and the State of New York, Appendix A-28, Part IV)

Promotion to a higher grade and title (See Agreement between United University Professionals and the State of New York, Appendix A-28, Part III)

Change of title to

2. Current salary $      (Confirm with Human Resources or refer to paycheck)

3. If timing (effective date) should be considered, please explain:

4. Comparison (if any) with other campus positions:

5. As part of the review process for promotions, the Office of Human Resources will be examining the current scope and complexity of your job duties and responsibilities, as well as other pertinent data you may wish to present. Describe the permanent and significant increase in duties and responsibilities that has occurred or is planned. Human Resources may request additional information, as deemed necessary, in order to review your request. Comment on any changes in the scope and complexity of the position and changes in relationships between positions and any other factors supporting this request:

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Applicant’s Signature Date

**Forward application and necessary attachments to your supervisor for further completion.**

**After each step, a meeting will be held with the employee to go over the recommendation/**

**action taken. The employee has the opportunity to attach a response and will be asked to sign and date the document. The employee’s signature only signifies that they have had a meeting and have reviewed the recommendation/action taken; it does not mean they agree with it. The turnaround time needs to normally be two (2) weeks except as specified in the contract. In the event of a denial of the request for promotion or salary increase, please contact UUP for information on your right to appeal, which is time sensitive, or refer to the Agreement between the State of New York and United University Professions.**

**Supervisor**

Attach a letter of recommendation from you to the Department Head, which should include a statement/

justification for action requested.

Agree as is

See attached

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Supervisor’s Signature Date

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Applicant’s Signature Date

**Department Head/Director**

Agree as is

See attached

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Department Head/Director’s Signature Date

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Applicant’s Signature Date

**Dean**

Agree as is

See attached

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Dean’s Signature Date

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Applicant’s Signature Date

**Area VP/Executive Director**

Agree as is

See attached

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Division Head’s Signature Date

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Applicant’s Signature Date

**Human Resources**

(For Promotions Only)

Attach technical review for proper classification. Forward packet to the President.

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HR Signature Date

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Applicant’s Signature Date

**President**

Agree as is

See attached

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President’s Signature Date

**Return completed packet to the Human Resource Office.**