



# SUNY BROCKPORT

## UUP Professional Request for Promotion or Salary Increase Application

### Section I. Employee Information

Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Current Budget Title: \_\_\_\_\_ Current Local Title: \_\_\_\_\_

Proposed Budget Title: \_\_\_\_\_ Proposed Local Title: \_\_\_\_\_

Please indicate one option for which you are applying by checking a box below:

- ☐ **Request for Promotion (with change in budget title, salary grade level, and salary increase)**  
"Promotion" for this purpose shall mean an increase in a professional employee's basic annual salary with a change in title and movement to a higher salary rank, resulting from a permanent significant increase or change in the employee's duties and responsibilities as a consequence of a permanent increase in the scope and complexity of function of the employee's position.
- ☐ **Request for Salary Increase (without a change in budget title or salary grade level)**  
"Salary Increase" for this purpose shall mean an employee who has been assigned a permanent and significant increase in duties and responsibilities as demonstrated by the employee's performance program.

In addition to completing this application (Section I and Section III), please attach the following documents supporting the promotion or salary increase request:

- ☐ Copy of current performance program
- ☐ Copy of at least the last two performance programs or as many as you believe necessary to demonstrate the change in duties and responsibilities
- ☐ Completed Section I and Section III of this form

Employee Signature

*(Not required if application is filed by immediate supervisor on behalf of employee)*

Date Forwarded

### Section II. Review and Recommendation

Immediate Supervisor (Print Name)	Date Received:
<input type="checkbox"/> Agree	
<input type="checkbox"/> Disagree List reason(s) required if you disagree – please attach additional statement if necessary:	
Signature	Date Forwarded:
Please return a copy of this form to the employee as proof of review at this level and forward to the next level as indicated below. Date copy was sent to employee _____	

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<b>Next Level Supervisor (if applicable) (Print Name)</b>	<b>Date Received:</b>
<input type="checkbox"/> Agree	
<input type="checkbox"/> Disagree <i>List reason(s) required if you disagree – please attach additional statement if necessary:</i>	
Signature	Date Forwarded:
<b>Please return a copy of this form to the employee as proof of review at this level and forward to the next level as indicated below. Date copy was sent to employee _____</b>	

<b>Next Level Supervisor (if applicable) (Print Name)</b>	<b>Date Received:</b>
<input type="checkbox"/> Agree	
<input type="checkbox"/> Disagree <i>List reason(s) required if you disagree – please attach additional statement if necessary:</i>	
Signature	Date Forwarded:
<b>Please return a copy of this form to the employee as proof of review at this level and forward to the next level as indicated below. Date copy was sent to employee _____</b>	

<b>Vice-President/Provost (Print Name)</b> <i>To be completed during review with vice-presidents and human resources.</i>		<b>Date Received:</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Promotion denied; however, a salary increase is appropriate and approved <input type="checkbox"/> Denied (may be appealed to College Review Panel – Form attached)* <ul style="list-style-type: none"> <li><input type="checkbox"/> Criteria not met</li> <li><input type="checkbox"/> Permanent increase in duties and responsibilities was not sufficiently significant</li> <li><input type="checkbox"/> Increase in scope and complexity of duties and responsibilities was not sufficiently significant</li> <li><input type="checkbox"/> Other (explanation attached)</li> </ul>				
New Budget Title	New Local Title	Salary Level	Salary Increase Amount	Effective Date
VP/Provost Signature		Date:		
Director of Human Resources Signature		Date:		
<b>A copy of this form must be returned to the employee after final review. If the request is denied, attach a copy of the UUP Professional Promotion or Salary Increase Appeal form. Date copy was sent to employee _____</b>				

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### Section III: To be completed by employee or supervisor

Employee's Name (please print): \_\_\_\_\_

- 1) In the following section, please provide a specific/detailed rationale for this request. Please include current budget title and salary level along with the proposed budget title and proposed salary level.

- 2) In the following section, please list, using a bulleted format, the specific tasks, duties, and/or responsibilities that have been ***added or changed*** which are being used as the basis for this request. Please also indicate an effective date of such change:

- 3) In the following section, please list, using a bulleted format, the specific tasks, duties, and/or responsibilities that have been ***removed from or have been significantly decreased*** since your last performance program. Please also indicate an effective date of such change:

Please attach an additional page if necessary but please keep the request as brief and concise as possible.

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The decision by the president for promotion shall be final. However, a decision by the president that is claimed by the applicant to be arbitrary or capricious may be appealed on such basis to the University Review Board by such person in accordance with appropriate provisions stated in Appendix A-28 in the Agreement between United University Professions (UUP) and the State of New York. The decision to provide a salary increase is within the discretion of the president and the president's decision shall be final.

Applications for promotion that are disapproved may not be resubmitted for a period of either eighteen (18) months or until the employee's performance program has been changed, whichever is sooner, following disapproval by the College Review Panel, by the president or if an appeal is taken to the University Review Board, by that Board.

Applications for Salary Increase, approved or disapproved, may not be resubmitted for a period of twelve (12) months, or until the employee's performance program has changed, whichever is sooner.