

**[Company Name]**  
**Request for Review of Salary Increase or Promotion**

**Applicant Information**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(May be filled on behalf of the employee by the immediate supervisor.)

Department: \_\_\_\_\_

Please indicate one option for which you're applying, by checking a box below.

- Request for Promotion** (with change in budget title, salary grade level, and salary increase) I wish to apply for consideration for **promotion** as a consequence of an increase in the scope and complexity of in assigned duties and responsibilities that is both significant and permanent.
- Request for Salary Increase** (without change in budget title or salary grade level) I wish to apply for consideration for a **salary** increase as a consequence of a permanent and significant increase in duties and responsibilities.

\_\_\_\_\_  
**Applicant's Signature**

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

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

**Attachments**

Please attach the following documents supporting your request promotion or salary increase request:

- Cover letter indicating specific/detailed rationale for the request
- Copy of current performance program
- Copy of at least the last two performance programs or as many as you believe are necessary to demonstrate the change in duties and responsibilities
- Organization chart
- Other supporting documentation (may include performance evaluations, letters of recommendation from colleagues, etc.)

**Review and Recommendations**

**Immediate Supervisor**

**Date Received:** \_\_\_\_\_

Agree

Disagree

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.**

**Next Level Supervisor (if applicable)**

**Date Received:** \_\_\_\_\_

- Agree
- Disagree

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.**

**Human Resources**

**Date Received:** \_\_\_\_\_

- Agree
- Disagree

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.**

**Vice President**

**Date Received:** \_\_\_\_\_

- Approved
- Promotion denied, however salary increase is appropriate and approved
- Denied (may be appealed)
  - Criteria not met (short explanation on why)
  - Permanent increase in duties and responsibilities was not demonstrated
  - Increase in scope and complexity of duties and responsibilities was not sufficiently significant
  - Other (explanation attached)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Forwarded

**Please return a copy of this form to the employee after final review. If the request is denied, attach a copy of the [Company Name] Review Panel form. If the request is approved, forward the form to the [Company Name] President.**

**President**

**Date Received:** \_\_\_\_\_

- Promotion is approved (with change in budget title, salary grade level, and salary increase)
- Salary increase is approved (without change in budget title or salary grade level)
- Denied\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The decision by the [Company Name] President for promotion shall be final, provided, however, that a decision by the [Company Name] President which is claimed by the applicant to be arbitrary or capricious may be appealed.

The decision to provide a salary increase is within the discretion of the [Company Name] President and the [Company Name] President's decision shall be final.

\*Applications for promotion which are disapproved may not be resubmitted for a period of either eighteen months, or until the employee's performance program has been changed, whichever is sooner, following disapproval by the [Company Name] Review Panel, by the president or if an appeal is taken to the [Company Name] Review Board, by that Board.