## **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 to the Appropriate Administrator for signature. Once the Administrator has signed the request, he/she submits 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 initiat	ted by:	] Employee	□ Manager		Date:
Employee Name:				Em	ployee ID:
Department: Division/College:					
Classification:					
					t by checking the appropriate box: A information may be required to process the
to their Directo	or/Adminis	strator. In the	event that the ad	ministrator does no	d employees shall submit their requests of forward the request to HR within thirty that least one reason for IRP.
	Assigned Retention Equity		enhanced skill(s)		
requests to the	eir approp	riate adminis	trator. In the event	t the administrator of	epresented employees shall submit their does not forward the request to HR within select at least one reason for IRP.
	Retention Equity Performa Out-of-cla Increased New lead appropria typical du	nce assification wo I workload work or new	project coordination or where the classibility	arrant a reclassification	on o an employee on an on-going basis by an ries does not specifically list lead work as a
(APC – Unit 4 Employee-initi Please select a	Academiated requite least one Increased In recogn	nic Professio ests shall be reason for IR I responsibilition	nals of California submitted to HR, P. es and skills of the rdinary performanc	and do not require employee	manager may initiate an IRP Request. manager review for submission.

requests shall be submitted to the appropriate administrator before being forwarded to HR. Please select at least one reason for IRP.	
<ul> <li>□ Long-term service</li> <li>□ Retention</li> <li>□ Equity</li> <li>□ Assigned application of enhanced skill(s)</li> <li>□ Performance</li> <li>□ Out-of-classification work that does not warrant a reclassification</li> <li>□ Increased workload</li> <li>□ New lead work or new project coordination functions given to an employee on an on-going basis by appropriate administrator where the classification standard/series do not specifically list lead work as typical duty or responsibility</li> <li>□ Other salary related criteria</li> </ul>	
(SUPA – Unit 8) Statewide University Police Association: A manager may initiate an IRP request on an employed behalf. Please select at least one reason for IRP.  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:	∍'s
Please select at least one reason for IRP.  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 positions description may be needed to document additional duties. Attach additional information if necessary.	ion

## **PART II: Signatures Employee** (If employee initiated.) 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 Signature Appropriate Administrator Name 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 Recommended Salary Increase: \_\_\_\_\_\_% □ Denied AVP/Dean Signature **AVP/Dean Name** Date **Human Resources** Approved Recommended Salary Increase: \_\_\_\_\_\_% Denied **HR Manager's Name** HR Manager's Signature Date **Review by Vice President** Recommended Salary Increase: % Approved □ Denied Name **Signature** Revised 8-2021