**Promotion Request**

|  |
| --- |
| **Requested Promotion** |
| Name: |  |
| Date: |  |
| Promote From (Current Title/Position): |  | PIN |  |
| Promote To (New Title/Position): |  | PIN |  |
| Justification1: |  |
|  |
| **New Salary Calculation** |
|  | (Hourly Rates-Hourly Positions; Annual Rates-Salaried) |
| Current Salary:New Salary Before Compression Adjustment\*: Compression Adjustment2New Salary After Compression Adjustment:  |  |
| \*Basis for Determining New Salary Before Compression Adjustment (Higher of):

|  |  |
| --- | --- |
| Promotion to Position with Career Ladder | Promotion to Position with No Career Ladder |
| Pay Range Minimum  | Pay Range Minimum  |
| $1.20/hr or $2,500/yr Increase  | 7.5% Increase  |
| 6% Increase  |  |
|  |  |

 |
| **Approvals3** |
|  |  |  |
| **Department Head Date** |  | **Division Chief Operating Officer Date** |
|  |  |  |
| **HR Compliance Review Date** |  | **Associate Director Date** |

**1Attach copy of completed task book or Career Ladder (as applicable)**

**2Include Calculation Compression Adjustment Worksheet**

**3Attach Form 500 with this form**