**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 Adjustment2  New 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**