



### Requested Promotion

Name:	<input type="text"/>	
Date:	<input type="text"/>	
Promote From (Current Title/Position):	<input type="text"/>	PIN <input type="text"/>
Promote To (New Title/Position):	<input type="text"/>	PIN <input type="text"/>
Justification <sup>1</sup> :	<input type="text"/>	

### New Salary Calculation

(Hourly Rates-Hourly Positions; Annual Rates-Salaried)

Current Salary:

<input type="text"/>
<input type="text"/>
<input type="text"/>

New Salary Before Compression Adjustment\*:

Compression Adjustment<sup>2</sup>

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 <input type="text"/>	Pay Range Minimum <input type="text"/>
\$1.20/hr or \$2,500/yr Increase <input type="text"/>	7.5% Increase <input type="text"/>
6% Increase <input type="text"/>	

### Approvals<sup>3</sup>

Department Head	Date	Division Director	Date
HR Compliance Review	Date	Deputy Director, CFO, or CAO	Date

**<sup>1</sup>Attach copy of completed task book or Career Ladder (as applicable)**

**<sup>2</sup>Include Calculation Compression Adjustment Worksheet**

**<sup>3</sup>Attach Form 500 with this form**