THE UNIVERSITY OF ARIZONA
HUMAN RESOURCES

REQUEST FOR IN-CLASSIFICATION CAREER PROGRESSION

1) EMPLOYEE INFORMATION

Employee's Name: _____

Dept. Name & Number: _____-_____

Position Funding/Account Number _____ FTE:_____ PCN:_____

Current Pay Rate: $_____ Amount of Increase $_____ Proposed Pay Rate: * $_____

* Note: Pay rate may be increased according to the following standards:
1. an amount that will increase the employee's rate of pay up to the midpoint of the salary range, or
2. an amount no greater than 10% of the employee's current salary, not to exceed the range maximum.

2) CHECKLIST

Complete the checklist below to implement in-classification career progression.

1.	Yes	No	The more complex and significant projects, assignments and responsibilities of the job classification are assigned on a regular basis to the employee.
2.	Yes	No	The employee has demonstrated a significantly higher level of knowledge and skills which are specific to the job classification and functional area.
3.	Yes	No	The employee's most recent performance appraisal, (within the last twelve months), and within the current job classification, reflects job requirements being exceeded or better.
4.	Yes	No	Funding has been identified and authorized by the appropriate administrator to support the salary increase.
5.	Yes	No	The proposed pay rate is equitable when compared to other employees in the department in the same classification.
6.	Yes	No	Twelve or more months have elapsed since the employee's last career progression in the current classification

If all questions are answered in the affirmative and are documented, complete the Authorization section below and forward to your Human Resources Advisor in the Human Resources Department. Otherwise, contact your Human Resources Advisor to discuss the circumstances.

3) AUTHORIZATIONS

_____	_____	_____	_____
Supervisor's Signature	Date	Dean, Director of Department Head Signature	Date
_____	_____	_____	_____
Printed/Typed Name	Telephone	Printed/Typed Name	Telephone

HR USE ONLY

Human Resources Review_____ Concur? Yes No Date_____
If yes, new pay rate: $_____ % increase _____ Pay Grade _____ Range Midpoint $_____ Date_____
If no, why?_____
_____
_____
Name of person contacted: _____ Date of contact:_____