

Cal Poly Pomona EODA/HR Operations				
IN-RANGE PROGRESSION REQUEST UAPD (Unit 1), APC (Unit 4)				
Request initiated by:				
Employee <input type="checkbox"/> HEERA <input type="checkbox"/>				
Name of Employee:		Department and Division:		Current Classification:
Please select the box or boxes that best describe the rationale for this request. If justification is added responsibilities, attach updated position description.				
UNIT 1 <input type="checkbox"/> Assigned application of enhanced skill(s) <input type="checkbox"/> Internal/External equity issues <input type="checkbox"/> Retention Please provide evidence of an offer letter that you have received from an internal or external organization		UNIT 4 (APC) <input type="checkbox"/> Internal/External equity issues <input type="checkbox"/> Increased Responsibilities and skills <input type="checkbox"/> Extraordinary Performance		
Describe the rationale for this request, providing specific examples (attach additional information if necessary):				
Requestor Name and Title:		Signature:		Date:
HEERA MANAGER REVIEW AND RECOMMENDATION				
I have reviewed the information and determined the IRP request does/does not meet the appropriate criteria:				
Yes: <input type="checkbox"/> No: <input type="checkbox"/>				
If Yes:	Recommended IRP Salary Increase %:	Recommended Effective Date:	CFS Account Number:	
APPROVALS/DENIALS				
HEERA Manager:		Signature:		Date:
Assoc. Vice President/Dean: Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Signature:		Date:
Vice President/Dean: Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Signature:		Date:
President (Approval required for increases greater than 5%: Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Signature:		Date:
FOR HUMAN RESOURCE SERVICES' USE ONLY				
Employee Name:		Classification:		Bronco ID:
Jode Code:	Time Base:	Position Number:	% Increase:	
Current Salary:		New Salary:		Effective Date:
HR Approval:			Date:	