



## IN-RANGE PROGRESSION (IRP) REQUEST FORM

Updated 08/03/2020

IRP requests can be submitted by way of the E-Compensation system. Forms can be accessed on your My Sac State landing page by clicking the OnBase icon or on our [website](#).

If a paper form is necessary please, review and submit completed form to Human Resources Classification & Compensation. Scan and send the request by e-mail to [classandcomprequests@csus.edu](mailto:classandcomprequests@csus.edu). Or if you don't have scanning capability, mail the request to Campus Zip 6032.

### EMPLOYEE INFORMATION

Name:  Employee ID:   
 Department:  Classification:   
 Time Base:  Bargaining Unit:

### REQUEST DETAILS

Initiated By:   Management  Employee: Date submitted to Manager   
 Current Monthly Salary:  Proposed %:  Proposed Monthly Salary:

### IRP CRITERIA - Please provide justification and attach additional documentations as needed.

CBA: Unit 1 (UAPD) Unit 2,5,7,9 (CSUEU) Unit 4 (APC) Unit 6 (Teamsters) Unit 8 (SUPA) Confidential Classifications (C99)

Assigned application of enhanced skills (CSUEU, Teamsters, UAPD)  Equity (APC, CSUEU, Teamsters, SUPA, UAPD)  
 Long-Term Service (Teamsters)  Retention (CSUEU, Teamsters, UAPD)  
 Increased responsibilities and skills (APC, SUPA)  Extraordinary Performance (APC)  
 Increased workload (CSUEU, Teamsters)  
 Performance (CSUEU, Teamsters, SUPA)  Out-of-classification work that does not warrant a reclassification (CSUEU, Teamsters)  
 In-Range Progression (C99)  Recognition of new lead work or new project coordination (CSUEU, Teamsters)  
 Other salary related criteria: (CSUEU, Teamsters)

Justification Information (Please provide justification to IRP criteria above):

### EMPLOYEE INITIATED IN-RANGE PROGRESSION REQUEST

Name:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

### ADMINISTRATOR REVIEWS & AUTHORIZATION (For HEERA Designated Managers ONLY)

Manager Authorization:

Name:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

I do not support  I Support Proposed %:   Support at different %: \_\_\_\_\_

Dean/Director/AVP Authorization:

Name:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

I do not support  I Support Proposed %:   Support at different %: \_\_\_\_\_

Vice President/Provost Authorization:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name:

I do not support     I Support Proposed %:      Support at different %: \_\_\_\_\_