

**Cal Poly Pomona EODA/HR Operations**

**IN-RANGE PROGRESSION REQUEST  
UAPD (Unit 1), CSUEU (Units 2, 5, 7 & 9), APC (Unit 4), SUPA and Unit8**

Request initiated by:	Employee Manager	Is this IRP due to Early Exit Program in department	Yes No
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Name of Employee:	Department and Division:	Current Classification
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**JUSTIFICATION FOR IN-RANGE**

**Please select the box or boxes that best describe the rationale for this request. If justification is added responsibilities, attach updated position description.**

<b>Assigned application of enhanced skill(s)</b>	<b>Increased workload (CSUEU and SETC)</b> How much has the workload increased? _____% (Volume of work has increased over previous period and is sustained. Or are you filling in for a role that was vacated?) Why? _____
<b>Internal/External equity issues</b>	<b>Extraordinary work performance</b> Please provide a copy of your most recent performance appraisal or letter from your HEERA manager stating you have demonstrated extraordinary performance in the 90 days previous to submitting this IRP with supporting factors.
<b>Retention purposes (for key positions)</b> Please provide evidence of an offer that you have received from an internal or external organization Has your department lost key members of your team that perform similar duties in the last 6 months?      Yes      No	<b>Added responsibilities that are significant (or out of classification for CSUEU and SETC) but not enough to warrant reclassifying the position to a higher level.</b> New duties consist of _____% of time in overall tasks Have any previous duties been eliminated to allow you to complete the new responsibilities?      Yes      No

**Addition of lead responsibilities or new project coordination functions given to an employee on an ongoing basis by an appropriate administrator where the classification standard/series do not specifically list lead work as a typical duty and responsibility**

**Describe the rationale for this request, providing specific examples (attach additional information if necessary):**

Print Name and Title:	Signature:	Date:
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**HEERA MANAGER REVIEW AND RECOMMENDATION**

I have reviewed the information and determined the IRP request does/does not meet the appropriate criteria:	Yes (Meets)	No
If Yes: Recommended IRP Salary increase: _____ %	Recommended Effective Date (Must be the beginning of the pay period):	CFS Account Number:

**Please provide comments (attach additional information if necessary):**

**APPROVALS/DENIALS**

HEERA Manager (print):	Signature:	Date:
Assoc. Vice President/Dean (print):      Approved      Denied	Signature:	Date:
Vice President/Dean (print):      Approved      Denied	Signature:	Date:
Vice President, Budget Services (print):      Approved      Denied	Signature:	Date:
President (Approval required for increases greater than 5%): Approved      Denied	Signature:	Date:

**FOR HUMAN RESOURCE SERVICES' USE (Revision 01/07/21):**

Employee Name:	Classification:		
Current Salary:	Salary Range: Minimum: _____ Maximum: _____	Bronco ID Number:	
Job Code/Range:	Time Base:	Position Number:	
% Increase:	New Full-Time Salary:	New Actual Salary:	Effective Date:
cc: Budget, Payroll, Personnel File, HEERA Manager		Approval:	