

**THE CITY UNIVERSITY OF NEW YORK
STAFF REVIEW COMMITTEE- FORM
FOR LEVEL CHANGE OR MERIT INCREASE SUBMITTED FOR CLASSIFIED STAFF BY HIS/HER SUPERVISOR**

A supervisor who wishes to submit a request for a Level Change or a Merit increase must use this form to submit the necessary document(s) to the Offices of Human Resources.

College Borough of Manhattan Community College

Level Change Merit Increase

Employee Name	<input type="text"/>	CUNYFirst Empl. ID #	<input type="text"/>
Current Payroll Title		Department	<input type="text"/>
Current Functional Title	<input type="text"/>	Work Phone	<input type="text"/>
Current Salary	<input type="text"/>	Proposed Salary	<input type="text"/>
Proposed Payroll Title		Proposed Functional Title	<input type="text"/>
Supervisor Name	<input type="text"/>	Work Phone	<input type="text"/>
Signature of VP or Dean	<input type="text"/>		

Documents to be submitted by employee or supervisor to the Office of Human resources:

Level Change:

- Memorandum clearly outlining the reason(s), with substantive example, for the level change, including but not limited to:
 - significant increase in the volume of work which has the effect of transforming the scope and complexity of the work
 - a reorganization of functions
 - other significant alteration in the duties previously assigned
 - excellence in service
- Employee's current resume
- Description of current duties
- Job description at the time of appointment
- Current and proposed unit organizational charts including employee names, payroll titles and functional titles
- Performance Evaluation within the last twelve (12) Months

Merit Increase:

- Memorandum clearly outlining reason(s), with substantive examples of excellence in service
- Employee's current resume
- Current job Description
- Current organizational charts including employee names, payroll titles and functional titles
- Performance Evaluation within the last twelve (12) Months
- Any other documents attached:

COLLEGE STAFF REVIEW COMMITTEE ONLY

RECOMMENDATIONS

Date of Meeting

- Positive recommendation forwarded to President
- Not recommended

Name of Chair of the College Staff Review Committee

Signature _____ Date

PRESIDENT

RECOMMENDATIONS

Date of Meeting

- Positive recommendation forwarded to College Executive Director of HR
- Not recommended

Name

Signature _____ Date