

Promotion/Salary Increase Form

Employee Name:

Type: Promotion Temporary Promotion Salary Increase Only

Start date of new duties: End Date (temporary promotion only):

Current Budget Job Title:

New Budget Job Title (if applicable):

Current Local Job Title:

New Local Job Title (if applicable):

Division / School:

Current Department:

New Department (if applicable):

New Supervisor and Title (if applicable):

AMOUNT OF INCREASE: \$

Employee Pay Basis:

Submitted by:

Farmingdale State College

STATE UNIVERSITY OF NEW YORK

REQUIRED: Promotion Justification (Provide a narrative description of the promotion justification).