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| **STAFF CAREER LADDER REQUEST** |

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| **Section I. Type of action being requested** |
|  [ ]  Pre-defined Vertical Career Ladder Initiation  [ ]  Individualized Vertical Career Ladder Initiation Complete **ALL** sections **EXCEPT VI** [ ]  In-Range Career Ladder Initiation  [ ]  Completion – Complete **ONLY** section **VI**  *(All other sections should have been completed at the time of initiation)*  |

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| **Section II. Eligibility Checklist** |
|  **YES NO** [ ]  [ ]  Is the employee past the probationary period? [ ]  [ ]  Will the incumbent meet the minimum qualifications of the approved title at the time of completion? [ ]  [ ]  Has the employee received a “Meets Expectations” or higher on the last performance evaluation? [ ]  [ ]  Is the employee currently free from disciplinary action? [ ]  [ ]  Has the department been free of layoffs in similar classifications for the past 12 months? [ ]  [ ]  Is this either the 1st or 2nd successive Career Ladder since the employee’s initial hire or last competitive position change?*If ALL answers to the above are “YES”, please continue completing the below paperwork.**If ANY answer to the above is “NO”, the employee is not career ladder eligible at this time.* |

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| Section III. Background information regarding this request |
| Address the business need that prompted the request and provide any supporting information that will be useful in the review of the request*.*       |

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| **Section IV. Position and Incumbent Details**  |
| 1. **Incumbent Details**

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| Employee Name |       | UNM ID No. |  |
| Current Salary/Hourly Rate |  | Proposed Salary/Hourly Rate |       | Proposed % Increase       |

1. **Position Details:**

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| Position Number |  | Org Code |  | Department Name |  |
| Supv of Record  |  | Supv Banner Title |  |
| **Current Classification Details** | **Proposed Classification Details** *(for Vertical Career Ladders only)* |
| PClass Title |  | PClass Title  |  |
| PClass Code |  | Grade |  | PClass Code |  | Grade |  |

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| **Section V. Career Ladder Initiation**  |
| Estimated completion date of the career ladder  *(Minimum duration of six months from the time HR approves the request. Duration must reflect time duties actually worked)* |
| **Action Plan - Duties and Responsibilities**  |
| List the top five goals to be accomplished by the employee during the proposed timeframe. Indicate the approximate percentage of time spent on each.

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|  | **Action Plan –** *List Top Five Goals & Describe How Each Goal Will Be Accomplished* | **% of time** | **Estimated Completion Date** |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |

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| **Section VI. Career Ladder Completion**  |
| Did the employee complete all the items listed above in section IV in a timely and satisfactory manner? [ ]  Yes [ ]  No |
| Please provide details on how the action plan in Section V was met.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor/Manager verification of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Signature) (Date)* |

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| **Section VII. Required Signatures/Acknowledgement** |
| **Employee Acknowledgement** |
| I certify I am aware and agree to meet the objectives identified in the above action plan in order to complete the career ladder. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(PRINT NAME AND TITLE) (SIGNATURE) (DATE)* |

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| Leadership Support and Approval |
| Supervisor’s Support\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(PRINT NAME AND TITLE) (SIGNATURE) (DATE)*1. **Manager’s Support**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(PRINT NAME AND TITLE) (SIGNATURE) (DATE)*Dean, VP, or equivalent approval (or designee) [ ]  **I support and approve this request** [ ]  **I do not support this request** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(PRINT NAME AND TITLE) (SIGNATURE) (DATE)* |

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| **STAFF CAREER LADDER****REVIEW AND CERTIFICATON** ***(For internal HR use only)*** |
| *The outcome of the review may differ from the initial request depending on the analysis conducted. If the requested outcome differs, HR will communitcate back to the department prior to sending out an official notification.* |
| [ ]  The targeted position is below management level *(see Section 15.2 of Compensation Guidelines)* [ ]  The department been free of layoffs in similar classifications for the past 12 month[ ]  The incumbent meets the minimum qualifications of the approved title [ ]  The request is within compensation guidelines Approved %      [ ]  Equal opportunity review completed: Number of eligible incumbents: [ ]  Single incumbent position [ ]  Multiple incumbent position       IncumbentsIf more than one eligible incumbent, how was the current incumbent selected for this opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Consultant Notes:** |
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*Review conducted by:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(PRINT NAME AND TITLE) (SIGNATURE) (DATE)*