



## CAREER LADDER JUSTIFICATION

MUS Staff Compensation Plan Pay Policy #5.0

VIEW ENTIRE PLAN: <http://www.umn.edu/hrs/formsdocs/MUS%20Pay%20Guidelines.pdf>

**IMPORTANT: An updated role description must be submitted to and reviewed by the Compensation Team prior to this request.**

Name of Employee: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Position Number: \_\_\_\_\_

Current Title: \_\_\_\_\_

Proposed Title: \_\_\_\_\_

Contact Person/Phone: \_\_\_\_\_

\*To determine if a legitimate business need exists for the development and implementation of a career ladder please answer, **in an attachment**, all of the following questions.

1. The department **must** have a permanent, legitimate need for the new level of duties. What significant operational and/or business needs have changed within the department? **Explain in detail departmental need, address transfer of duties, change in department structure and attach proposed organizational chart.**
2. How will this specific progression meet those needs and what is the departmental impact if the progression is not established?
3. How will other department positions be impacted by the modified business needs and the creation of this progression?
4. What is the projected budget impact of this progression and does department have funding *and* approval for proposed increase upon completion of progression? **Funding approval is required prior to completion of the form.**
5. If employee has already been assigned additional responsibilities to meet the operational needs *and* you are requesting a retroactive effective date please explain.
  - a. Proposed Effective Date: \_\_\_\_\_

**Required Signatures:** Your signatures signify that a departmental need exists and funding has been identified for additional salary.

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor of A & F: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Services: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the signed form to Human Resource Services.