# COMPLETION OF CAREER LADDER

For

**PRE-ESTABLISHED OR INDIVIDUAL CAREER LADDER**

Please submit to Human Resource Services upon Completion of Career Ladder along with copies of any supporting documentation (diplomas, licenses, certifications, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** |  | **Index Code** |  |
| **790#** |  | **Current Base Rate** |  |
| **Department/Phone** |  | **Position Number** |  |

ATTACH COPY OF CAREER LADDER FORM WITH DATES ACTION ITEMS WERE COMPLETED

|  |  |  |
| --- | --- | --- |
| **Training Required** | **Courses Taken** | **Actual Completion Dates** |
| ***Licenses/Certifications*** |  |  |
| ***UM Required Training*** |  |  |

**Pay Increment Schedule: (Please submit this form at each completed pay increment.)**

|  |  |
| --- | --- |
| **Dollar Amount or Percentage to be Paid:** | **Effective Date:** |
|  |  |
|  |  |
|  |  |
|  |  |

Supervisor Signature Title Date

Director/Dean Signature Title Date

Vice President/Provost Signature Title Date

|  |
| --- |
| **For HRS Use Only**Union \_\_\_\_\_\_\_\_\_\_\_\_\_OT Eligible \_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_Percentage of increase \_\_\_\_\_\_\_\_\_\_\_\_\_ or Dollar amount of increase \_\_\_\_\_\_\_\_\_\_\_\_\_Level Completed \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |

Human Resource Director Approval Title Date