

Request for Consideration of Range Elevation Office of Human Resources

Date:					
Го:	Chair of the Department of				
From:	Lecturer's Name			CSUN ID No.	
Subject:	Request for Consideration	of Rang	e Elevation – <mark>Effecti</mark>	ve Fall 2024	
minimum q my current	ualifications for Range Elevat rank or have met qualifying F num qualifications, I must also	ion since ull Time	I have exhausted my Adjusted Service (FT	SSI eligibility a AS) years. I und	of my knowledge, I have met the nd have served at least five years in derstand that in addition to meetin criteria for placement in the next
Current C	lassification (Check One):				
	Academic Year (AY)		☐ Twelve-Mont	h	
Current R	ange/Rank (Check One):				
	2 = Lecturer A		3 = Lecturer B		4 = Lecturer C
- Subn	Lecturer's Signature nit this form and your Professi	onal Info	rmation File (PIF) to	your Departmen	Date (mm/dd/yyyy) t Chair by <mark>November 1, 2024</mark> -
	nt Chair's Recommendation: oproval Recommended:		Approva	l Not Recommer	nded:
	epartment Chair's Signature rovide copy of this decision to		nt by November 19, 2	2024 or earlier)	Date
College De	an's Decision:				
Ra	ange Elevation Approved:		Range El	evation Denied:	
Pe	rcentage Increase Recommend	ded:	<u>%</u>		
	ollege Dean's Signature rovide copy of this decision to	applica	nt by December 10, 2	024 or earlier)	Date
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Temporary faculty from prior eligibility lists are eligible to apply if they remain eligible and continue in the same rank. Pursuant to Article 31.6 of the CBA, Range Elevation granted to lecturers shall be accompanied by a base salary (full-time rate of pay) increase of at least five percent (5%) and the rank/grade elevated to the next higher rank/grade.

FOR HR USE ONLY:			Range Elevation, Spring 2024			
Old Rank:		New Rank:	Old SSI Cntr:		New SSI Cntr:	
Old Base Rate:		New Base Rate:	% Change:		Audit Date:	
Effective Date:		OPS Date:	OPS INI:		Audit INI:	