

APPLICATION FOR ASSIGNMENT DIFFERENTIAL FOR HIGHER EDUCATION SERIES EMPLOYEES

*Assistants to HEO, HE Assistants, or HE Associates, who have completed one or more years of service at the top salary step in their respective salary schedules shall be eligible for a discretionary assignment differential of \$ 2,500 to be added to their annual base salary, based upon excellence in performance or increased responsibilities within the title. Eligible employees may be nominated by their supervisor or may nominate themselves to receive the differential.*

*An eligible HEO Series employee or his/her supervisor should submit this form to the College HR Director with appropriate documents. College HR Director will forward the form and any attached documents to the Chair of the Labor-Management Committee for appropriate action.*

College

Application for Assignment Differential by employee       Application for Assignment Differential by supervisor

Employee Name  CUNYfirst Empl. ID #

Contract Title  Department

CUNYfirst Functional Title  Work Phone

Name of Supervisor  Work Phone

Contract Title

**DOCUMENTS SUBMITTED**

Memorandum outlining excellence in performance or increased responsibilities within title

List any other documents submitted to support either excellence in performance or increased responsibilities within title:

\_\_\_\_\_

Completed one or more years of service at the top salary step in the salary schedule      Date on which one year on top salary step was completed \_\_\_\_\_

Signature of person submitting the application \_\_\_\_\_ Date

**For College HR Use Only**

Date of submission by employee or supervisor \_\_\_\_\_ Date of submission to HEO Labor-Management Committee \_\_\_\_\_

Salary information verified

Name of College HR Director

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEO LABOR-MANAGEMENT COMMITTEE ONLY**

**Assignment Differential Review**

Date of Meeting

Positive Recommendation made to the College HEO Committee

Not recommended

Comments, if any

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Date of submission to the Chair of the College HEO Committee \_\_\_\_\_

Name of Chair of the Labor Management Committee

Signature \_\_\_\_\_ Date

**COLLEGE HEO COMMITTEE ONLY**

**RECOMMENDATIONS**

Date of Meeting

Positive recommendation forwarded to President /President's designee

Not recommended

Name of Chair of the College HEO Committee

Signature \_\_\_\_\_ Date

**PRESIDENT / PRESIDENT'S DESIGNEE**

**APPROVAL**

Approved

Not approved

Name of President/President's Designee

Signature \_\_\_\_\_ Date

***The signed form must be given to the College HR Director.  
College HR Director must process approval.***

***College HR Director must give a copy of this form to the employee or supervisor who has submitted the request.***