**Human Resource Services FORM RESOURCES**
Human Resource Services, Marshall University, 207 Old Main, One John Marshall Drive, Huntington, WV 25755.
Phone 304.696.6455, FAX 304.696.6844, E-mail human-resources@marshall.edu, Web http://www.marshall.edu/human-resources/
If assistance is needed in completing this form, please contact Human Resource Services at the above address.

# CLASSIFIED INTERIM UPGRADE REQUEST FORM

In accordance with the provisions of HEPC Series 8 quoted at the bottom of this form, I request an interim upgrade for the classified employee identified below. I affirm that this individual will perform all or a substantial portion of the duties and responsibilities of the position to which interim upgrade is requested. I have informed (or will inform) this individual that interim upgrade to a position that is or may later be posted for recruiting does not provide them with any right to or preference for selection for the position except as provided in the West Virginia State Code according to position type. Both I and this individual understand that an interim upgrade cannot exceed one year in duration.

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| Name of Employee: | |
| MU ID Number: | |

Obtained from the Banner HR system or contact Human Resource Services.

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| Department: | |
| Present Job Title: | |
| Present Pay Grade: | |
| Present Annual Salary Rate: | |
| Interim Upgrade Job Title: | |
| Interim Upgrade Pay Grade: | |
| Desired Effective Date: | |

NOTE: Desired effective date must be the beginning date of a pay period. If processing of this request for whatever reason is delayed such that the desired beginning date cannot be utilized, Human Resource Services will authorize the next available pay period beginning date that can be affected by a PAR/EPAF resulting from this approval.

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| Please state in the space below the reason or rationale for this request. |
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|---|---|
| Name of Requester: | |
| Signature: | |
| Date Signed: | |

**VICE PRESIDENT APPROVAL:** I have read and understand this request for interim upgrade and recommend approval. I understand that if I disapprove of this request, I will return it to the requester.

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| Name of Vice President: | |
| Signature: | |
| Date Signed: | |

**HUMAN RESOURCE SERVICES APPROVAL:** The above request for interim upgrade is hereby approved.

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| Expiration Date for Interim Upgrade: | |
| Name of Approver: | |
| Signature: | |
| Date Signed: | |

**Series 8, Personnel Administration, Section 2.9, Interim Responsibilities:** "A significant change in duties and responsibilities of an employee on a temporary basis justifying an interim promotion or upgrade for salary purposes. Such a temporary reassignment shall normally be for no less than four (4) consecutive weeks and no more than twelve (12) consecutive months and shall only occur when the responsibilities being undertaken by the employee are those of another position that is vacant because of the incumbent's illness or resignation or because of temporary sufficient change in the duties and responsibilities of a filled position. If the temporary reassignment of responsibilities meets the test for a temporary upgrade or promotion under Sections 13 and 14 of this rule, the affected employee shall have his/her base salary adjusted upwards consistent with a promotion or upgrade under this rule. At the end of the temporary reassignment, the affected employee shall have his/her salary reduced to its original level including any salary increase which the employee would have received in his/her regular position."

**DISTRIBUTION:** Submit signed original through VP to Human Resource Services. Originator retain one copy. INTERIM-UPGRADE-REQUEST-FORM-1.doc