

**APPLICATION FOR ASSIGNMENT DIFFERENTIAL FOR
COLLEGE LABORATORY TECHNICIAN SERIES EMPLOYEES**

CLT or Senior CLTs, who have completed at least one year 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 their title. Eligible employees may be nominated by their supervisor or may self-nominate to apply for the differential.

The eligible CLT Series employee or their supervisor should submit this form to the College HR Director with appropriate documents. The College HR Director will forward the form and any attached documents to the Chair of the Department P&B Committee for appropriate action.

College

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

Application for Assignment Differential is based on:

☐ Excellence in Performance ☐ Increased Responsibilities within Title

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 at least one year of service at the top salary step in the salary schedule. Date on which one year on top salary step was completed. _____

My signature below affirms that I have not received an assignment differential while employed in a CLT-series employee at the same college.

Signature of person submitting the application _____ Date

For College HR Use Only

Date of submission by employee or supervisor _____ Date of submission to Department P&B Committee _____

☐ Salary information verified.

Name of College HR Director

Signature _____

Date _____

**DEPARTMENT P&B COMMITTEE
ONLY**

RECOMMENDATIONS

Date of Meeting

- ☐ Positive recommendation forwarded to President /President's designee
- ☐ Not recommended.

Name of Chair of the Department P&B 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.***

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