



BERGEN COMMUNITY COLLEGE
INTERNAL PROMOTION FORM
Department of Human Resources

1. CURRENT EMPLOYEE DETAILS

EMPLOYEE NAME	CURRENT DEPARTMENT
CURRENT JOB TITLE	CURRENT SALARY (\$)
DATE OF HIRE (MM-DD-YYYY)	GL CODE
CURRENT SUPERVISOR	CURRENT BARGAINING UNIT / CLASS (IF APPLICABLE)

2. PROPOSED PROMOTION DETAILS

PROPOSED JOB TITLE	NEW BARGAINING UNIT / CLASS (IF APPLICABLE)
PROPOSED DEPARTMENT	PROPOSED EFFECTIVE DATE (MUST BE 1ST OF MONTH)
NEW MANAGER / SUPERVISOR	PROPOSED NEW SALARY (\$)
PERCENTAGE INCREASE (%)	NEW GL CODE

3. BUSINESS JUSTIFICATION & PERFORMANCE

REASON FOR PROMOTION / BUSINESS JUSTIFICATION
RECENT PERFORMANCE RATING & COMMENTS

4. APPROVALS & SIGNATURES

Note: By signing below, approvers confirm that the proposed promotion fits within department budget parameters, aligns with organizational structure, and complies with corporate HR policies.

APPROVER ROLE	SIGNATURE / PRINTED NAME	DATE (MM-DD-YYYY)
Hiring Manager		
Department Head / VP		
Finance / Budget Director		
Director, Human Resources		
President		