  
**CAREER ENHANCEMENT/GROWTH PROGRAM (CEGP)**

For additional information of the CEGP program, please reference the SEIU 925 or WFSE contract.

**Do not use this form for Recruitment/Retention adjustments.**

**INSTRUCTIONS:** This form is for the Career Enhancement/Growth Program only. Send completed form, including all required signatures, to your Human Resources Office (listed below). The CEGP applies only to contract classified staff whose pay tables reflect CEGP steps.

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| section I – employee information | | | | | |
| Employee Last Name: | | First Name: | Middle: | | Position #: |
| Job Code: | Job Title: | | Department: | | FTE %: |
| Salary Range: | | Current Step: | | Date of Most Recent Step Increase: | |
| Effective Date for CEGP Increase: (may be no earlier than 2 pay periods before date signed by Appointing Authority) | | | | | |
| Eligible staff, i.e., employees who have been in the same job classification at the highest automatic increment step or an intermediate CEGP step in the same job classification for a minimum of one year, qualify for a CEGP step when their skills development, increased productivity, or assumption of higher level duties has resulted in service enhancements or efficiencies for the department in which they work. **The higher-level duties must be permanent but not otherwise qualify the employee for reclassification.** | | | | | |
| **This request was initiated by:**  **Employee**  **Supervisor** | | | | | |
| section II – STATEMENT OF QUALIFICATIONS FOR CEGP STEP | | | | | |
| Years of experience in the position/field: | | | | | |
| Years of service at UW: | | | | | |
| Include examples of how the employee's skills development, increased productivity or assumption of higher level duties has resulted in service enhancements or efficiencies to your department/work area that exceed those ordinarily expected of an employee in this classification. Employees or managers may attach up to three letters of recommendation.  Click or tap here to enter text. | | | | | |

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| section III – Approval / denial | | |
| Name of Supervisor (print or type):    Supervisor Title: | Signature:  Date: | Approve  Deny  (must select reason(s) below) |
| Name of Budget Authority (print or type):    Budget Authority Title: | Signature:  Date: | Approve  Deny  (must select reason(s) below) |
| |  |  | | --- | --- | | **Select Reason(s)** | **CEGP Denial Reasons** | |  | Employee has not been at the last automatic increment step in their pay range or previous CEGP step for a minimum of one year. | |  | Employee has not developed skills, increased productivity, or assumed higher level duties that resulted in service enhancement or efficiency for the department in which the employee works. | |  | Lack of budget. | |  | Corrective action in official employee personnel file. |   **All CEGP requests must be forwarded through the process regardless of approval or denial at the department level.** | | |

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| CEGP Routing information | | | |
| **Medical Centers** | | **Campus** | |
| **Employee or Management-Initiated** | | **Employee-Initiated** | **Management-Initiated** |
| UW Medical Center | Harborview Medical Center | Integrated Service Center | Attach form to CEGP request in WD |
| [hruwmc@uw.edu](mailto:hruwmc@uw.edu) | [hrhmc@uw.edu](mailto:hrhmc@uw.edu) | [ischelp@uw.edu](mailto:ischelp@uw.edu)  206-543-8000 | Request Compensation Change – Staff Campus [User Guide](https://isc.uw.edu/user-guides/request_comp_change_sc/) |

**All CEGP applications will be reviewed by the HR Operations and HR Compensation. The Compensation office will send notification of approval or denial via email to the department**