

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 TitleEmployee 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&amp;B Committee \_\_\_\_\_

☐ Salary information verified.Name of College HR Director 

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**DEPARTMENT P&B COMMITTEE  
ONLY**

**RECOMMENDATIONS**

Date of Meeting

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

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Name of Chair of the Department P&B Committee

Signature

Date

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**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.*