Staff Review Screening Form

Employee’s Employment History:

Name of Employee: 
Department: 
Date of Appointment to College: 
Current Payroll Title: 
Current Functional Title: 
Date of Last Merit Increase: 
Date of Last Promotion/Reclassification: 

Reasons for Recommended Action:
☐ Meritorious Work  ☐ Increased Responsibilities  ☐ Reassigned Duties

Recommended Action:
☐ Increase in Hourly Rate or Salary Rate
☐ Promotion/Reclassification (if this box is checked off go to back of form to continue)

Recommended Changes in Hourly Rate or Salary Rate: (not a promotion or reclassification)
Currently Hourly or Salary Rate _________ Proposed Hourly or Salary Rate _________

ATTACH TO THIS DOCUMENT:

1. For Civil Service Employees – employee’s time and leave records for the past 18 months.*
2. For Instructional Staff Members & Non-Civil Servants – employee’s time and leave record for the past 18 months.*
3. Employee’s evaluations for the past two years.

*May be obtained from Human Resources – Please submit requests no less than 20 days prior to Staff Review Meeting.
COMPLETE BELOW IF RECOMMENDED ACTION IS A RECLASSIFICATION OR PROMOTION.

Present Job Title and Description (Attach current Organization Chart.)

Proposed Job Description: (Attach Revised Organizational Chart if applicable.)

Justification for Personnel Action:

Proposed Payroll Title: ______________________________________________________
Proposed Functional Title: ______________________________________________________
Current Salary: ________________________ Proposed Salary: _________________________

Signature of Vice President or Dean ___________________________ Date _________________________

J: Staff Review Screening Form

FOR STAFF REVIEW USE ONLY:

Approved: □ Yes □ No Date: ___________________________
With Modifications: □ Yes □ No Date: ___________________________