



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:** _____