

## **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 being recommended for a merit increase – 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:** \_\_\_\_\_