

EL PASO COMMUNITY COLLEGE

REQUEST FOR JOB EVALUATION FOR NON-FACULTY POSITIONS

Employee's Name:			
Dept. Name & Extensi	on:		
Position Funding/Acco	ount Number		
Current Title:			Current Grade:
Proposed: New Title:			New Grade:
*PROPOSE TITLE (CHANGE ONLY: Yes	No (If yes, skip to signature line).	
CHECK LIST: Comple	ete the checklist below to implen	nent the job evaluation process.	
 Yes No Yes No Yes No 	The position has undergone significant changes in level of responsibility since last reviewed. The position has changed in the nature, variety, and difficulty of work. The position has changed increasing the amount of supervision exercised by the position. The incumbent in the position has been performing at a higher level of responsibility which has become a regular part of the job function.		
6. Yes No	The proposed grade change is equitable when compared to other employees in the district/department in the same classification. The Supervisor agrees that the attached PDQ is a true and correct description of the job duties of the incumbent. Supervisor initials required.		
forward to your Human I X6465 to discuss the circ	Resources, Classification and Computation and	are documented, complete the Acknowled pensation Department. Otherwise contact gment, I understand that this form will accepted at this time.	Liz Ryan X6325 or Nora Servin
Supervisor's Signature:		Printed Name:	Date:
Budget Head Signature:		Printed Name:	Date:
VP Signature:		Printed Name:	Date:

*NOTE: Job Evaluations are contingent on availability of funding.

Pay rate may be increased according to the following: (see Procedure 3.12.00.10)

- 1. The evaluation of the promoted employee utilizing the normal initial placement guidelines. Or
- 2. An amount no greater than 6% of the employee's current salary, not to exceed the range maximum.