

APPLICATION FOR PREFERENTIAL STAFFING STATUS

To be completed by applicant

Name: _____ College: _____

Department: _____ Semester and year of hire in department: _____

Signature: _____ Date submitted: _____

Applications must be submitted to the college HR office by the end of the second full week of classes for consideration in scheduling for the next semester.

If you are applying for preferential staffing status in more than one department, you must submit a separate application for each department.

If you already have preferential staffing status based on a previous evaluation, it is not necessary to reapply. Your new evaluation will be reviewed to determine eligibility to maintain preferential staffing status.

To be completed by Department Review Team

Date of most recent evaluation (from Division or HR Office): _____

Summary rating: _____

Meets evaluation criteria for preferential staffing status: Yes ___ No ___

Disqualifying condition(s) for preferential staffing status: Yes ___ No ___

Disqualifying condition(s) identified: _____

Override of disqualifying condition(s) due to extenuating circumstances: Yes ___ No ___

___ Preferential staffing status granted or maintained Date: _____

___ Preferential staffing status denied or not maintained Date: _____

Department Review Team:

Department Chair: _____
Signature

Division Dean: _____
Signature

Evaluator (if applicable): _____
Signature

Return completed original form to the college HR office. Copies to applicant and Division Office.