

# 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.**

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## *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.***