

<b>UNDER-HIRE PROMOTION REQUEST</b>			
<i>Submit to HrRequisitions@co.imperial.ca.us for processing.</i>			
Department:			Fund No.:
Department Head:			
Employee Name:			ID#:
Date of Last Appraisal:			
Date Eligible for Promotion:			
Effective Date of Promotion:			
From Current Classification:			Current PCN:
To Proposed Classification:			Proposed PCN:
Funding for Proposed Classification Change Funded in Current Budget Fiscal Year:	YES <input type="checkbox"/> NO <input type="checkbox"/> Provide Backup (ex: Budget Augmentation, Approved Minute Order, etc.)		
Justification:	   *Attach required certifications/education backup.		
Department Head Signature:			Date:
<b>Human Resources &amp; Risk Management</b>			
Verification of Allocation & Status:			Date:
Meets Qualifications:			Date:
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Request Approved <input type="checkbox"/>			Date:
Request Denied <input type="checkbox"/>			
Other <input type="checkbox"/> : _____	<i>Director of Human Resources &amp; Risk Management</i>		
B&F Funding Available:			Date:
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other <input type="checkbox"/> : _____	<i>Budget &amp; Fiscal</i>		
Request Approved <input type="checkbox"/>			Date:
Request Denied <input type="checkbox"/>			
Other <input type="checkbox"/> : _____	<i>County Executive Officer</i>		
Date Performance Appraisal Form (Annual Evaluation) Received from Department.			Date:
Approval/Denial Email Notice sent to Department.	Date & Initials:	Received Date:	Completed by:
	*If approved, request PS2, PAF, and Probationary Period Memo.		
Comments:			