

**UNDER-HIRE PROMOTION REQUEST**

*Submit to HrRequisitions@co.imperial.ca.us for processing.*

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: Yes <input type="checkbox"/> No <input type="checkbox"/>			Date:
Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> Other <input type="checkbox"/> : _____	<i>Director of Human Resources &amp; Risk Management</i>		Date:
B&F Funding Available: Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> : _____	<i>Budget &amp; Fiscal</i>		Date:
Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> Other <input type="checkbox"/> : _____	<i>County Executive Officer</i>		Date:
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 Probaionary Period Memo.		
Comments:			