

ADVANCE STEP REQUEST FORM

Return To: _____

| | |
|--------------------|--|
| Date: | |
| Department: | |
| Candidate Name: | |
| Position: | |
| Requesting Step: | |
| Salary: | |
| Form Completed By: | |
| Extension: | |

I request this candidate be appointed at an advance step for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Credit for Experience | <input type="checkbox"/> Employment Retention |
| <input type="checkbox"/> Difficulty of Recruiting | <input type="checkbox"/> Employment Negotiation* |
| <input type="checkbox"/> Unique Qualifications | |
| <input type="checkbox"/> Other | |

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*Candidate voluntarily disclosed salary information OR candidate engaged in competitive negotiation

Education/Certifications:

| | |
|-------------------------------------|--|
| Bachelor's Degree/Name of School: | |
| Advanced Degree Name/Name of School | |
| License/Certificate: | |

Difficulty of Recruitment/Certification List Details:

| | | | |
|--------------------------|--|---------------------------|--|
| Number Certified: | | Number Interviewed: | |
| Number Waived: | | Number failed to respond: | |
| Number requests inactive | | Other: | |

☐ Reference Checks completed, including most recent employer.

Justification for Advance Step (include years of related work experience, unique qualifications, etc.)

Adverse Impact:

| Number of Incumbents in the classification | | | | | |
|--|--|------------|--|------------|--|
| At Step 7: | | At Step 6: | | At Step 5: | |
| At Step 4: | | At Step 3: | | At Step 2: | |
| At Step 1: | | | | | |

Information regarding incumbents below requested step:

- ☐ All incumbents below requested step have less experience and/or education than the candidate.
- ☐ All incumbents below requested step have less experience and/or education than candidate or were promoted into the position and their step placement was based on the personnel regulations.
- ☐ Other:

Based on the information above, it is determined that there is:

- ☐ No Adverse Impact on existing incumbents in the same class and/or supervisor.
- ☐ Adverse Impact on existing incumbents in the same class and/or supervisor (explain in text box above).

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|---|-------|
| Department Head Signature: | Date: |
| Personnel Director Signature (Approval for Step 4/5 Recommendation for Step 6 or higher: | Date: |
| County Administrative Officer Signature: (Approval for Step 6 or higher) | Date: |