

ADVANCE STEP REQUEST FORM

Return To: A

Date:	B
Department:	C
Candidate Name:	D
Position:	E
Requesting Step:	F
Salary:	G
Form Completed By:	H
Extension:	I

SECTION 1

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

- | | |
|---|---|
| <input type="checkbox"/> J Credit for Experience
<input type="checkbox"/> K Difficulty of Recruiting
<input type="checkbox"/> L Unique Qualifications
<input type="checkbox"/> M Other | <input type="checkbox"/> N Employment Retention
<input type="checkbox"/> O Employment Negotiation* |
|---|---|

SECTION 2

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

Education/Certifications:

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

SECTION 3

Difficulty of Recruitment/Certification List Details:

Number Certified:	Q	Number Interviewed:	Q
Number Waived:	Q	Number failed to respond:	Q
Number requests inactive	Q	Other:	Q

- R** Reference Checks completed, including most recent employer.

SECTION 4

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

S

SECTION 5

Adverse Impact:

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

SECTION 6

Information regarding incumbents below requested step:

- U** All incumbents below requested step have less experience and/or education than the candidate.
- V** 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.
- W** Other:

W

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

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

Department Head Signature:	Date:
Personnel Director Signature <small>(Approval for Step 4/5. Recommendation for Step 6 or higher)</small>	Date:
County Administrative Officer Signature: <small>(Approval for Step 6 or higher)</small>	Date: