



Jackson Community College Application for Salary Class Change

Instructions: Please send one copy of this request with supporting evidence to the chairperson of the Personnel Review Committee. Official transcripts supporting this request should be sent directly to the Human Resources office for your personnel file.

PLEASE, DO NOT HAVE YOUR OFFICIAL TRANSCRIPT SENT TO
THE PERSONNEL REVIEW COMMITTEE.

Name _____ Date _____

Department chair _____

Current salary class _____ Class requested _____

List below evidence supporting request:

EARNED GRADUATE CREDIT

<u>Courses</u>	<u>Semester Credit</u>	<u>When taken</u>	<u>University or college</u>
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EQUIVALENT GRADUATE CREDIT

<u>Description</u>	<u>Semester Credit</u>	<u>Date granted</u>
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Signed _____ Date _____

PRC use only

The above request for change to Class _____ is:

_____ Recommended effective/retroactive _____

_____ Recommended contingent upon _____

_____ Not Recommended

PRC Chairperson Date
