

HUMAN RESOURCES
PASADENA CITY COLLEGE
Pasadena Area Community College District

APPLICATION FOR SALARY CLASS CHANGE

NAME _____ EXTENSION # _____ DATE _____

DIVISION _____

CHANGE REQUESTED FROM CLASS _____ TO CLASS _____

Please complete the reverse side of this application, listing academic courses and/or equivalent experiences to be considered for a change of salary classification.

PLEASE DO NOT WRITE BELOW THIS LINE

ACTION TAKEN BY HUMAN RESOURCES

	ACADEMIC		EQUIVALENT CREDIT			Subtotal Equivalent Credit	Total Units Granted
	Units	Name of degree	Work Experience	Travel	Professional Service		
Previously Granted Units							
Class Change Units Granted							
Totals							

TOTAL UNITS: _____ AS OF (DATE): _____

Signature _____
Human Resources Technician

Date: _____

Signature _____
Vice President, Human Resources

Date: _____

