

Blackfoot Tribe PERSONNEL PROCESS REQUEST FORM

Each process request requires a separate form. On all processes, please allow for a four (4) week processing time.

Please check appropriate line:

_____ Service Comp Date Audit

_____ Copy of Personnel File

_____ Classification

_____ Reclassification

_____ Other: Please Specify _____

SERVICE COMP DATE AUDIT: If you are requesting a Service Comp Date Audit, please attach a date specific chronology of your previous employment.

CLASSIFICATION: If you are requesting a classification, attach a copy of the position description.

RECLASSIFICATION: If you are requesting a reclassification, attach copies of the current and revised position descriptions. Please list below your specific reclassification concern: _____

Requested by: _____	Date: _____
Print name	
Requested by: _____	Date: _____
Signature	
Authorized by: _____	Date: _____
Program Director	

For Personnel Department Use Only:

Date Received: _____
Personnel Staff Date

Date Completed: _____
Personnel Staff Date