

The University of Montana Western

COMPLETION OF CAREER LADDER FORM For PRE-ESTABLISHED OR INDIVIDUAL CAREER LADDER

Submit to Human Resources upon Completion of Career Ladder. Please attach copies of any supporting documentation (diplomas, licenses, certifications, etc.)

Employee Name		Index Code	
Employee ID #		Current Base Rate	
Department/Phone		Position Number	

ATTACH COPY OF CAREER LADDER FORM WITH DATES ACTION ITEMS WERE COMPLETED

Training Required	Courses Taken	Actual Completion Dates
Licenses/Certifications		
UM-W Required Training		

Pay Increment Schedule:

Please submit this form at each completed pay increment.

Dollar Amount or Percentage to Paid:	Effective Date:

Supervisor Signature/Date

Title

Director/Dean Signature/Date

Title

Executive Officer Signature/Date

Title

Human Resources Approval/Date

Title

For HR use only
Union _____ OT Eligible _____

Percentage of increase _____ or

Dollar amount of increase _____

Effective Date _____

Level Completed _____

Approved by _____

Approval Date _____