**New Mexico Judicial Branch**

Personnel File Review Form

Release Form **MUST** be signed by the candidate and attached

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| **Candidate Name:** | **Employee ID Number:** |
| **Judicial Entity or Agency Name:** | **Business Unit Number:** |
| **Position Number:** | **Classification:** |
| **Review Date:** | **Current Pay Rate:** |
| **HR Employee Completing Review & Date:** | |

**File Review Information**

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| **Correction Actions and Disciplinary History: YES or NO**  **Including Memorandums of Concern, Counseling Memos, Memorandums of Understanding** | | | |
| If yes, what was the date and what is the specific violation or concern addressed in the document? List the level of discipline, i.e. letter of reprimand, suspension, demotion, etc. If the employee provided a response include a brief summary. | | | |
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| **Letters of Recommendation or reference: YES or NO** | | | |
| If yes, please provide a brief summary and date(s) | | | |
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| **Evaluation Ratings** | | | |
| Evaluation ratings for the past five (5) years:   * If any individual or final scores are below “Meets” standards, please note what, if any problem area(s) are noted. * Review the comments for each job tasks on the evaluation and summarize any concerns or comments for correction or change. * Is the employee on a performance improvement plan? If yes, please explain the reason: | | 1. F­Y | |
| 1. F­Y | |
| 1. F­Y | |
| 1. F­Y | |
| 1. F­Y | |
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| Evaluation Comments: | | | |
| Is there any documentation whatsoever in the personnel file that would indicate concern with this candidate for the position for which they applied? Yes or No If yes, please specify: | | | |
| **Leave Balances** | | | |
| Annual Leave: | Sick Leave: | | Other: |
| **Additional Comments** | | | |
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| **Management Approvals** | | |
| **Approve to proceed:**  YES  NO  **COMMENTS:**  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***  **Approve to proceed:**  YES  NO  **COMMENTS:** | **Hiring Manager Signature:**  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***  **Division Director/CEO Signature:** | **Date:**  **\*\*\*\*\*\*\*\*\*\*\*\***  **Date:** |
| **HR Recommendation & Signatures** | | |
| **Approve to proceed:**  YES  NO  **COMMENTS:** | **HR Signature:** | **Date:** |

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| **Administrative Authority Final Approval if any Corrective Actions or Disciplinary History found.** |
| **Approved:**  YES  NO  **Comments:** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Administrative Authority Signature Date** |