

Recruitment Authorization

Recruitment Request

Department/Division: _____ Account Number: _____

Campus Title: _____ State Budget Title/Rank: _____

Supervisor (Name, Title): _____

Requested Funding: State Funds Regular State Funds Temporary Service Income Funds Reimbursable Research Foundation Other: _____	Obligation: Academic Year College Year (10 months) Calendar Year Other: _____ Full Time Part Time _____ # hours/week
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Appointment Type: Faculty Professional Staff Classified Staff M/C Reason for Vacancy: New Position Previous incumbent separated from service (Name, Date): _____ Additional Comments:	Temporary Appointment: From _____ To _____ Other: _____
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Approval of Position

Director/Dean: _____
Signature *Date*

Vice President for Administration: _____
Signature *Date*

Provost*:
 (*For Faculty only) _____
Signature *Date*

President: _____
Signature *Date*

Appointment Confirmation - To Be Completed By HR Office

Employee's Name (First, MI, Last): _____

Line (omit if temp.): _____ Effective Date of Appointment: _____ Salary: _____

Pay Basis: Annual Biweekly Hourly Semester Daily Other: _____
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Previous State Employment (if applicable): Name of Agency: _____ Title: _____ Date of Separation: _____

Director of Human Resources: _____
Signature *Date*

Remarks