

# APPOINTMENT REQUEST FORM

For Academic and Professional Staff (Except Adjunct Faculty)

## INSTRUCTIONS

1. This form must be used to request the appointment of academic and professional staff. A Recruitment Authorization (RA-1) should be submitted in advance of making any appointment.
2. The initiating Department/Division must complete all applicable areas below.
3. After signature by the appropriate Dean/Director, forward this form with appropriate attachments through administrative channels.

## PERSONAL INFORMATION

<b>DEPARTMENT/DIVISION:</b>		<b>ACCOUNT or GRANT NO:</b>		<b>REQUESTED FUNDING</b>			<b>SUPERVISOR:</b>		
				<input type="checkbox"/> State Funds Regular <input type="checkbox"/> State Funds Temporary Service <input type="checkbox"/> Income Funds Reimbursable <input type="checkbox"/> Research Foundation <input type="checkbox"/> Other _____					
<b>LINE (omit if temp):</b>	<b>EMPLOYEE'S NAME (First Name, MI, Last Name):</b>			<b>SOCIAL SECURITY #:</b>			<b>CITIZENSHIP:</b>		
				<b>(on file)</b>					
<b>HOME ADDRESS:</b>		<b>STREET</b>	<b>APT/BOX</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>HOME TELEPHONE #:</b>		
		<b>CAMPUS ADDRESS:</b>		<b>BUILDING</b>			<b>ROOM NUMBER</b>		
							<b>CAMPUS TELEPHONE EXTENSION:</b>		
<b>CAMPUS TITLE:</b>		<b>BUDGET TITLE:</b>		<b>PROF RANK:</b>	<b>SALARY:</b>	<b>PAY BASIS:</b>		<b>EFFECTIVE DATE OF APPOINTMENT:</b>	
						<input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Semester <input type="checkbox"/> Daily _____ <input type="checkbox"/> Hourly			
<b>OBLIGATION</b>			<b>APPOINTMENT TYPE</b>				<b>FULL-TIME:</b>	<b>PART-TIME % OR # HRS/WEEK:</b>	
<input type="checkbox"/> Academic Year <input type="checkbox"/> Calendar Year (12 months) <input type="checkbox"/> College Year (10 months) <input type="checkbox"/> Other (Specify) _____			<input type="checkbox"/> Temporary Appointment From _____ to _____ <input type="checkbox"/> Term Appointment for _____ (#Years) From _____ to _____ <input type="checkbox"/> Probationary <input type="checkbox"/> Continuing <input type="checkbox"/> Other _____ <input type="checkbox"/> M/C (at pleasure)						
<b>DATE OF BIRTH (MONTH / DAY/YEAR):</b>		<b>SEX:</b>	<b>PREVIOUS OR PRESENT STATE EMPLOYMENT:</b>	<b>NAME OF AGENCY:</b>		<b>TITLE:</b>		<b>DATE OF SEPARATION (If applicable)</b>	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE							

## ATTACHMENT CHECKLIST

<input type="checkbox"/> Employment Application	<input type="checkbox"/> Applicant Tracking Log (HR)
<input type="checkbox"/> Resume	
<input type="checkbox"/> Extra Service Assignment or Dual Employment (if Appropriate)	
<input type="checkbox"/> Official Transcripts	
<input type="checkbox"/> Letters of Reference: <b>1.</b>	<b>2.</b>
<input type="checkbox"/> EEO/AA Summary Report (EEO-1) or <input type="checkbox"/> Waiver of Search	<b>3.</b>
<input type="checkbox"/> Summary of Telephone Reference Checks	

## REMARKS

## APPROVAL

DIRECTOR: _____	DATE: _____
VICE PRESIDENT: _____	DATE: _____
AVP FOR HUMAN RESOURCES: _____	DATE: _____
<b>IF RESEARCH FOUNDATION:</b>	
DIRECTOR OF SPONSORED RESEARCH: _____	DATE: _____
PROJECT DIRECTOR: _____	DATE: _____