



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

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

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: 1. | 2. |
| <input type="checkbox"/> EEO/AA Summary Report (EEO-1) or <input type="checkbox"/> Waiver of Search | 3. |
| <input type="checkbox"/> Summary of Telephone Reference Checks | |

REMARKS

APPROVAL

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