

12 Month Adjunct AP-Hiring Approval

TO BE COMPLETED BY DEAN / APPOINTING OFFICER

Title: _____

☐ New: _____
(name if known)

☐ Renewal for: _____ Position# _____
(name)

☐ Change from: _____ to _____

☐ Full-time ☐ Other than Full-time (please specify) _____

Department: _____

Proposed Salary: _____

FOAP to be Charged/%: _____

How will the position be funded?(Required for approval) _____

Is this a grant funded position? _____

If so, what is the expiration date? _____

AP Position Only – Who will supervise and complete performance assessment for this position? _____

Date of Assignment: _____

Briefly list the duties/responsibilities of this position: _____

Indicate the supervisory responsibilities of this position (circle one)

- ☐ No supervisory responsibilities
- ☐ Supervise the equivalent of 2 full-time staff (80 hrs/week) including student staff

Comments: _____

Signature

Date

TO BE COMPLETED VICE PRESIDENT

☐ Approved ☐ Not Approved _____
Signature Date

TO BE COMPLETED BY HUMAN RESOURCES

Employee Class: _____ Position Class: _____ EEO Position Group: _____

District/Div: _____ Employee Group: _____ Department: _____

Department Name: _____ FTE: _____

EEO: _____ SOC _____ Job Location _____

Signature

Date

TO BE COMPLETED BY BUDGET OFFICE

Position # Acct. Code Labor Distribution FOAP/% Labor Distribution FOAP/%

Comments

Signature

Date

Copies: Dean / Appointing Office Vice President Budget Academic Budget