**12 Month Adjunct AP-Hiring Approval**

**TO BE COMPLETED BY DEAN / APPOINTING OFFICER**

Title:

|  |
| --- |
| New:  |
| (name if known) |
| Renewal for: Position#  |
| (name) |

|  |  |
| --- | --- |
| 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? Supervisor Position #? (**Required for approval)** 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

Updated 12/17