12 Month Adjunct AP-Hiring Approval

TO BE COMPLETED BY DEAN / APPOINTING OFFICER

Job Title: _____ Department: _____

☐ New: _____
(name if known)

☐ Renewal for: _____ Position #: _____
(name)

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

Proposed Salary: _____ FOAP # and %: _____

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 (check one)

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

Comments: _____

_____

Approval: _____ Date: _____

HR Employee Class: _____ Position Class: _____
District/Div: _____ Employee Group: _____ Department: _____
Department Name: _____ FTE: _____
Job Location: _____ SOC: _____ EEO: _____

Comments: _____

_____

Approval: _____ Date: _____

Vice President

Comments: _____

_____

Approval: _____ Date: _____

Budget

Position #: _____ Labor Distribution FOAP / %: _____
Account Code: _____ Labor Distribution FOAP / %: _____

Comments: _____

_____

Approval: _____ Date: _____

Copies: Dean / Appointing Office Vice President Budget Academic Budget