

Hiring /Change Approval-AP, Faculty and Hourly

Dean/Appointing Officer

Job Title _____ Department: _____

Position Number: (If Known) _____ Division/College: _____

Position Type: _____ EAP _____ PSS _____ DPS _____ FAC _____ MGS

FTE: _____

Faculty/AP:

12 Month _____ 1.0 FTE (40 hrs per week)
_____ Less than 1.0 FTE, _____ hrs per week

Hourly:

12 Month _____ 1.0 FTE (40 hrs per week)
_____ Less than 1.0 FTE, _____ hrs per week

Academic Year _____ 1.0 FTE (40 hrs per week)
_____ Less than 1.0 FTE, _____ hrs per week

Academic Year _____ 1.0 FTE (40 hrs per week)
_____ Less than 1.0 FTE, _____ hrs per week

Other, specify _____

Other, specify: _____

Replacement Position: _____ Replacement For: _____

New Position: _____ or Change: _____ or Promotion (Attach Promotion Justification Form) _____

Comments on Change: _____

Reason for Replacement _____ Contact Person: _____

_____ Retirement _____ Other

_____ Resignation Explain: _____

Date Vacant/Effective Date: _____

Will the primary work location be out of state? _____ yes _____ no

Intended Search Type: _____ Regular _____ Internal _____ Expedited _____ Waiver

Proposed Salary: _____ FOAP # and %: _____

How will the position be funded?: _____

Is this position or any part of this position grant funded? _____ If so, what is the grant expiration date? _____

Who will approve vacation and complete performance assessment for this position? _____

Comments: _____

Approval: _____ Date: _____

HR

Employee Class: _____ Position Class: _____

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

Department Name: _____

Job Location: _____

Hourly Only: Salary Table: _____ Salary Grade: _____

SOC _____ Prevailing Wage: _____

Comments: _____

Approval: _____ Date: _____

Affirmative Action

EEO Position Group: _____

Comments: _____

Approval: _____ Date: _____

Vice President

Comments: _____

Approval: _____ Date: _____

Budget

Position #: _____ Labor Distribution FOAP %: _____

Account Code: _____ Labor Distribution FOAP %: _____

Effective Date: _____

Comments: _____

Approval: _____ Date: _____

Copies: Dean/Appointing Officer Vice President Budget Academic Budget Affirmative Action

updated 08/17