

# 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: \_\_\_\_\_ Hourly: \_\_\_\_\_  
12 Month \_\_\_\_\_ 1.0 FTE (40 hrs per week) \_\_\_\_\_ 1.0 FTE (40 hrs per week)  
\_\_\_\_\_ Less than 1.0 FTE, \_\_\_\_\_ hrs per week \_\_\_\_\_ Less than 1.0 FTE, \_\_\_\_\_ hrs per week

Academic Year \_\_\_\_\_ 1.0 FTE (40 hrs per week) \_\_\_\_\_ 1.0 FTE (40 hrs per week)  
\_\_\_\_\_ Less than 1.0 FTE, \_\_\_\_\_ 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 replacement position related to the Voluntary Retirement Incentive Program (VRIP)? Yes ☐ No ☐

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 09/20