

Request for Employee Posting/Hiring Authorization

All staff hiring actions (permanent or temporary, part or full-time) must be pre-approved by the President. This approval must take place prior to advertising for the position or extending an offer of employment.

Please complete this form in its entirety. A decision to permit a hire for the vacancy will be made by the President, at his sole discretion, based on consideration of the information provided below.

Department: <input style="width: 95%;" type="text"/>	Title of Position: <input style="width: 95%;" type="text"/>
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1. Is this position fully funded? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Source of Funds: <input type="checkbox"/> Dept. Funds	<input type="checkbox"/> Foundation Account	<input type="checkbox"/> Grant	<input type="checkbox"/> Other
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Explain:

3. Position Type:	<input type="checkbox"/> Permanent (FTE)	<input type="checkbox"/> Full-Time Temporary	<input type="checkbox"/> Part-Time Temporary	
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3A. If this is a Permanent (FTE), does the line currently exist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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3B. If Position is permanent - attach current **Position Description**
 3C. If Position is temporary - provide an attachment containing: 1) primary responsibilities; 2) minimum requirements; 3) supervisory responsibilities; 4) salary requirements; and 5) name of supervisor

4. Is filling the Position critical for one or more of the following?	<input type="checkbox"/> Accreditation	<input type="checkbox"/> Regulatory Compliance	<input type="checkbox"/> Health or Safety Needs of the College Community	<input type="checkbox"/> Other Purpose of Similar Importance
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If Other, Explain:

5. Is this replacing an existing position?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes: Previous Employee Name:	Previous Pay Rate:	How long has position been vacant?
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Explain:

6. Is this a new and temporary need?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, list # of hours per week needed:	Anticipated Duration of Employment:
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7. If this position is not filled, how will the College unit perform the responsibilities and duties of the position?

Explain:

8. What, if any, negative financial or other consequences would result if the College did not approve of this hire request?

Explain:

9. Additional
Comments:

	Date
Printed Name: <input style="width: 90%;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Title: <input style="width: 90%;" type="text"/>	

MANAGEMENT ATTESTATION

TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE IN ALL MATERIAL RESPECTS. I APPROVE OF THIS RECOMMENDATION.

Department Head/Chair: _____ Date _____

Dean/Vice President: _____ Date _____

Executive Vice President: _____ Date _____

Executive Vice President Business Affairs: _____ Date _____

Final Action by the President	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Table for Further Consideration
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President: _____ Date _____