

Request to Recruit Position Approval Form



Action(s):	<input type="checkbox"/> Recruit	<input type="checkbox"/> New FTE Request	<input type="checkbox"/> Change in FTE	<input type="checkbox"/> Title Change
Emp Status:	<input type="checkbox"/> Classified	<input type="checkbox"/> Faculty: _____	<input type="checkbox"/> Other Unclassified	
Classification:	<input type="checkbox"/> Regular	<input type="checkbox"/> Temporary: _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

Funding: Is any PSA funding required? Yes No Is this a new position requiring new funds? Yes No

Explanation of Funding: Explanation must be specific and detailed or the form may be returned. Attach additional sheets as needed. If this is a **new** position or **new** funding is required, indicate source of new funding for salary **and** fringe benefits (ex. PSA, E&G, Aux, Grant and Contract, Other).

Is this position a refill? Yes No Former Employee's Salary: _____

Current Position Info: Dept #/Name: _____ Posn #: _____

Job Code: _____ Title: _____ FTE: _____

Requested Position Info: Dept #/Name: _____ Is this posn being moved? Yes No

Job Code: _____ Title: _____ FTE: _____

Supervisor Name: _____ EmplID: _____ Dept/Posn: _____

Office Address: _____ Office Phone: _____

Account(s): _____ Projected Hire Date: _____

Separate accounts with semicolons. Attach additional sheets as needed.

New Employee Salary: _____ **Estimated Fringe:** _____ **Total:** _____

Justification: Justification for position must be specific and detailed or the form may be returned. Attach additional sheets as needed. For all positions, include specific reasons the position is needed. For **Faculty Positions**: include expected workload and courses to be taught.

Approvals: _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Provost: _____ **Date:** _____

President: _____ **Date:** _____

Human Resources:

Posn Assigned: _____ **Requisition No:** _____

State Position Number

Job Code/Slot

CUBS Dept/Posn

HR: _____ **Date:** _____

Recruitment: _____ **Date:** _____

Request to Fill Position Approval Form



Action(s):	<input type="checkbox"/> New Hire	<input type="checkbox"/> Assignment to New Position	<input type="checkbox"/> Hire Above Minimum
	<input type="checkbox"/> Waiver	<input type="checkbox"/> Interagency Transfer	<input type="checkbox"/> A&E Approved

Requisition No.: _____ Name: _____ Applicant or Empl ID: _____

Employee Current Information:

Dept #: _____ Posn #: _____

Dept Name: _____

Class/Slot: _____ Band/Level: _____

Title: _____

Current Base Salary: _____

Base salary is salary excluding longevity pay, shift incentive, temporary adjustments, etc.

New Position Information:

Dept #: _____ Posn #: _____

Dept Name: _____

Class/Slot: _____ Band/Level: _____

Title: _____

Requested Base Salary: _____

Estimated Fringe: _____ Total: _____

Classified Minimum: _____ Classified Midpoint: _____

Classified Maximum: _____ Hiring Rate: _____
(Rate for Requested Band and Level)

% Above Base Salary: _____

% Above Hiring Rate: _____

Justification for Salary: Justification must be specific and detailed or the form may be returned. (Ex. include details regarding pay increases/decreases, purpose for hiring above minimum of band, why employee is being assigned to a new position, etc). For ALL pay increases and/or decreases, include specific details on the reasons for the change in pay. Attach additional sheets with agreements and other necessary documentation as needed.

Approval(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Provost: _____ Date: _____

President: _____ Date: _____

To be completed by the Office of Human Resources

Approved Amount Approved: _____ Effective Date: _____ Disapproved

Comments: _____

HR Authorized Signature(s): _____ Date: _____

_____ Date: _____

State OHR Approval: _____ Date: _____
(If applicable)