



Hiring Authorization

This form must be completed and approved *before* advertising or interviewing for ANY position, full or part time (except faculty positions). **A *current position description* must also accompany this form.**

Position Title: _____ **Dept Name/No.:** _____

Budget Considerations: Has this position been budgeted? _____ Amount Budgeted: \$ _____

Classifications: Staff _____ Administrator _____ *See Handbook, Sections 30.08, 30.09, & 30.10*
Check those that apply

Full Time _____ Part Time _____ Hrs/Wk: _____ Months/Year: _____

Hourly _____ Salary _____ **TEMPORARY** _____

Proposed Pay Rate: \$ _____ **Projected Start Date:** ____/____/____

Grade Level: _____ **Salary range:** \$ _____ to \$ _____

Reason for Hiring: Replacement position ____; Vacated by _____ on ____.
Employee Date

New position _____

Please document the rationale for the new or replacement position below; consider the departmental changes and triggering events that have occurred resulting in this request; also consider the impact this position will have on the department and college as a whole. In short, answer this question: "Is filling this position the best use of departmental & institutional resources given today's needs and goals?"

Individual to receive Resumes: Name & Location: _____

Authorizing Signatures

Manager of Cost Ctr.* _____ Date: _____

Effectiveness Team Member _____ Date: _____

Chief Human Resources Officer _____ Date: _____

* *This signature should represent the manager/administrator directly responsible for the cost center. This may or may not be the immediate supervisor of the proposed new/replacement position.*