APPOINTMENT REQUEST FORM
For Academic and Professional Staff (Except Adjunct Faculty)

INSTRUCTIONS

1. This form must be used to request the appointment of academic and professional staff. A Recruitment Authorization (RA-1) should be submitted in advance of making any appointment.
2. The initiating Department/Division must complete all applicable areas below.
3. After signature by the appropriate Dean/Director, forward this form with appropriate attachments through administrative channels.

PERSONAL INFORMATION

DEPARTMENT/DIVISION:

ACCOUNT or GRANT NO:

REQUESTED FUNDING
☐ State Funds Regular ☐ State Funds Temporary Service
☐ Income Funds Reimbursable ☐ Research Foundation
☐ Other_ _____

SUPERVISOR:

LINE (omit if temp):

EMPLOYEE'S NAME (First Name, MI, Last Name):

SOCIAL SECURITY #:

CITIZENSHIP:

HOME ADDRESS: **STREET** **APT/BOX** **CITY** **STATE** **ZIP**

HOME TELEPHONE #:

CAMPUS ADDRESS: **BUILDING** **ROOM NUMBER**

CAMPUS TELEPHONE EXTENSION:

CAMPUS TITLE:

BUDGET TITLE:

PROF RANK:

SALARY:

PAY BASIS:
☐ Annual ☐ Biweekly ☐ Other
☐ Semester ☐ Daily
_____
☐ Hourly

EFFECTIVE DATE OF APPOINTMENT:

OBLIGATION
☐ Academic Year
☐ Calendar Year (12 months)
☐ College Year (10 months)
☐ Other (Specify) _____

APPOINTMENT TYPE
☐ Temporary Appointment From _____ to _____
☐ Term Appointment for _____ (#Years) From _____ to _____
☐ Probationary ☐ Continuing ☐ Other _____
☐ M/C (at pleasure)

FULL-TIME:

PART-TIME % OR # HRS/WEEK:

DATE OF BIRTH (MONTH / DAY/YEAR):

SEX:
☐ MALE
☐ FEMALE

PREVIOUS OR PRESENT STATE EMPLOYMENT:

NAME OF AGENCY:

TITLE:

DATE OF SEPARATION (If applicable)

ATTACHMENT CHECKLIST

- ☐ Employment Application
- ☐ Resume
- ☐ Extra Service Assignment or Dual Employment (if Appropriate
- ☐ Official Transcripts
- ☐ Letters of Reference:
- ☐ EEO/AA Summary Report (EEO-1) or ☐ Waiver of Search
- ☐ Applicant Tracking Log

REMARKS

APPROVAL

DEAN/DIRECTOR: _____ **DATE:**_____

VICE PRESIDENT: _____ **DATE:**_____

AVP FOR HUMAN RESOURCES:_____ **DATE:**_____

IF RESEARCH FOUNDATION:
DIRECTOR OF SPONSORED RESEARCH:_____ **DATE:**_____

PROJECT DIRECTOR:_____ **DATE:**_____

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