

HIRING/APPOINTMENT FORM
JOB (RECRUITMENT) #

A. CLASSIFIED STAFF		APPOINTED		STUDENT		CONTRACT LENGTH		BENEFITS/FLEX YEAR	
<input type="checkbox"/> Regular (Min 6 mos. at .50FTE or greater)	<input type="checkbox"/> Temporary (Less than 6 months)	<input type="checkbox"/> Administrator	<input type="checkbox"/> Faculty	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> Academic	<input type="checkbox"/> Fiscal	<input type="checkbox"/> Benefits Eligible	<input type="checkbox"/> Non-Benefits Eligible
<input type="checkbox"/> ETE (6 mos. to 2 yrs @ .50 FTE or greater)	<input type="checkbox"/> Part-Time (.49 FTE or less)	<input type="checkbox"/> Professional	<input type="checkbox"/> Post Doc	<input type="checkbox"/> C	<input type="checkbox"/> D			<input type="checkbox"/> Flex-Year Position (Circle # of pay periods)	
<input type="checkbox"/> Seasonal/On-Call		<input type="checkbox"/> UPH Member		<input type="checkbox"/> HS				1 2 3 4	
B. NON-COMPETITIVE HIRE SELECTIONS (Attach supporting documentation)									
<input type="checkbox"/> Emergency <input type="checkbox"/> Project Specific <input type="checkbox"/> Recognition Advancement <input type="checkbox"/> Visiting Scholar (Salaried) <input type="checkbox"/> Returning Employee within 1 yr.									
<input type="checkbox"/> Individual Named in Contract or Grant <input type="checkbox"/> Spousal Hire <input type="checkbox"/> OTHER: (REFER TO POLICY)									
C. EMPLOYEE INFORMATION									
Name (Last, First MI):						EmplID (if avail)			
Annualized Salary/Hourly Rate: \$			Component of Pay: \$			Start Date:		Expected End Date:	
Position/UA Title:				FTE:		UA Title or Job Code:			
Additional UA Title:						UA Title or Job Code:			
Additional UA Title:						UA Title or Job Code:			
Primary/Home Dept Name:						Primary/ Home Dept#			
Building #		Room #		PO Box:		Primary/Home Dept Phone #			
D. POSITION/ROLE INFORMATION									
Based on the position title and the employee's FTE, what is the employee's FLSA exemption status?								<input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt	
Will this employee supervise one or more academic, professional or classified staff employees?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this employee be a Time Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No				Will this employee be a Time Approver? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will this employee be working with living or deceased animals or animal by-products?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. TENURE/CONTINUING SERVICE INFORMATION									
Professional /Administrative		Faculty		T/TE/C/CE		Status Credit		Tenure/Continuing Status Review	
<input type="checkbox"/> Year-to-year		<input type="checkbox"/> Tenured		<input type="checkbox"/> Voting		<input type="checkbox"/> 0 years		3-Year Retention Review: 20 -20	
<input type="checkbox"/> Continuing-Eligible		<input type="checkbox"/> Tenure-Eligible		<input type="checkbox"/> Non-Voting		<input type="checkbox"/> 1 year		Mandatory Status Review: 20 -20	
<input type="checkbox"/> Continuing		<input type="checkbox"/> Non Tenure-Eligible				<input type="checkbox"/> 2 years			
<i>Administrative positions may only be Year-to-Year.</i>		<input type="checkbox"/> Multi-Year 2 3 4 or 5		<i>Please attach information on additional commitments, if applicable.</i>					
F. POSITION/BUDGET INFORMATION									
Position #	Budget Dept #	HR Dept ID	Tenure Dept #	Line #	Account#	Actual to be Paid	Initial Fund Start Date	Distr. %	Obj Code
Source of Funding:		Budget Dept #		Budget Line #		Account #		Amount: \$	
Effect on Budget: Current (Temp) <input type="checkbox"/> or Next Year (Perm) <input type="checkbox"/>				Encumber? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Override Encumbrance Amount \$			Prorate: 9 months <input type="checkbox"/> 12 months <input type="checkbox"/>			Dist Roll? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Supervisor's Position Number:					Time Approver Position Number:				
G. DEPARTMENT INFORMATION									
Preparer:			Date:		Phone #		Email:		
Dept. Name:					Dept. #		PO Box:		Fax #
Department Approval:								Date:	
College/V.P. Approval:								Date:	
Provost Signature (If Applicable):									
H. Were University guidelines followed? <input type="checkbox"/> Yes <input type="checkbox"/> No HR Signature:									