



Department Name(s): _____
Department Number(s): _____
College Division(s): _____

Add Update Delete Other Dept Authorized Approver College/VP Authorized Approver

Department/College/VP Representative Information

Name: _____ Emplid: _____
Last, First MI

Title: _____

Signature: _____ Date: _____

Faculty/Appointed Personnel: Dept Required College/VP Required
Hiring Forms
PAF-Additional Jobs
Other Professional Services Form (OPS)
Supplemental Compensation
Leaves/Sabbaticals

University Staff: Dept Required College/VP Required
Hiring Forms
PAF-Additional Jobs
Other Professional Services Form (OPS)
Supplemental Compensation
Leaves

Classified Staff: Dept Required College/VP Required
PAF-Additional Jobs
Supplemental Compensation
Leaves

Graduate Assistant/Associate: Dept Required College/VP Required
PAF-Additional Jobs
Supplemental Compensation

Student Employee: Dept Required College/VP Required
Hiring Forms

Approval Information/Signature

Dept Head/Director Name: _____ Email: _____
Last, First MI

Signature: _____ Date: _____

Dean/VP Name: _____ Email: _____
Last, First MI

Signature: _____ Date: _____