

Staff Hiring Authorization Form

Job # _____

Before submission to Human Resources, please complete and approve this form with your personalized approval stamp. Then email it to your Dean or Vice President for their approval. They will forward it to the CFO (for budget authorization) who will forward it to HR for final approval.

Name _____

Address _____

City

State

ZIP

Phone _____ Personal Email _____

Position Title _____

Department _____ Start Date _____

Supervisor _____

Budget # (required) _____

(Format: 11-XXXX-XXXXX. Budget should equal the staff adjustment request budget, if applicable)

Compensation: Grade _____ Annual Salary \$ _____ Hourly Rate \$ _____

Classification: ___ Exempt ___ Non-Exempt ___ Temporary (ending date _____)

Keys Needed (include location and room #): _____

Cell Phone Stipend: ___ Yes ___ No

Benefits: ___ Yes ___ No

Computer & Phone Needs (include location): _____

Approval Stamps:

1. Recommending Supervisor/Dean_____
2. Applicable Vice President_____
3. CFO (Budget Authorization)_____
4. Human Resources