



APPROVAL TO FILL A POSITION

Instructions for Use: This form must be completed to authorize the Human Resources Office to initiate the process of a job search.

(To be completed by initiating party)

POSITION:	DEPARTMENT:
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JOB CLASSIFICATION		
Step One: Justification <input type="checkbox"/> Resignation <input type="checkbox"/> Student Services <input type="checkbox"/> Retirement <input type="checkbox"/> New Position <input type="checkbox"/> Accreditation Requirements <input type="checkbox"/> Effective Management of the Institution <input type="checkbox"/> Other _____	Step Two: Check One <input type="checkbox"/> Instructional Staff <input type="checkbox"/> Administrative Staff <input type="checkbox"/> Professional Staff <input type="checkbox"/> Support Staff	Step Three: Check One if Regular Appointment or Check Two if Temporary Appointment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Adjunct
Step Four: Campus Location <input type="checkbox"/> Main Campus <input type="checkbox"/> Baker-Gains Central Campus <input type="checkbox"/> Southwest Campus <input type="checkbox"/> Carver Campus	Step Five: Position Fund Type <input type="checkbox"/> Grant funded IF SO, IS THE ACCOUNT NUMBER SPLIT? YES _____ NO _____	

DATE OF EMPLOYMENT/BEGINNING DATE	ENDING DATE (IF TEMPORARY)	ANTICIPATED OR PROJECTED SALARY SCHEDULE: _____ GRADE/RANK: _____ SALARY RANGE: _____ - _____
IF HOURLY: \$ _____ RATE PER HOUR: MAXIMUM HRS PER WEEK _____		IF ADJUNCT: \$ _____ PER CR/HR

(To be completed by the Dean of Business/Finance)

IS SALARY IN BUDGET? YES _____ NO _____	POSITION SALARY BUDGET YEAR	ACCOUNT NUMBER #1
		ACCOUNT NUMBER #2 (if applicable)

Leave Approval Path *(To be completed by initiating party)*

Approver #1	Approver #2 (if applicable)	Approver #3 (if applicable)
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STRATEGIC PLAN OBJECTIVES: _____

Prepared By: _____

Date _____

Reviewed By: Dean of Business/Finance _____

Date _____

Reviewed & Approved By: Executive Vice President _____

Date _____

Approved By: President _____

Date _____