

Classified Personnel Authorization Form

When needing to fill a classified position, please complete this form in detail and route for the appropriate signatures. Personnel will begin recruiting for you upon receipt of the signed form. If you wish to advertise, please contact Personnel.

DEPARTMENT: _____ TITLE OF VACANCY: _____

Supervisor's name: _____ Date Position available: _____

Name of person vacating position, if applicable: _____

Position is: new existing temporary if temporary, ending date: _____

Position is: full-time part-time if part-time, hours per week: _____

If schedule is not 8 a.m. to 5 p.m., M-F, indicate schedule: _____

SKILLS REQUIRED: Typing _____ WPM Calculator: by touch _____ by sight _____ Dictaphone

(Please Check) Word Processing: Software _____

Hardware _____

Other _____

SKILLS PREFERRED: _____

PHYSICAL DEMANDS: _____

POSITION DUTIES (Attach Job Description): _____

EDUCATION REQUIRED BEYOND HIGH SCHOOL: _____

EXPERIENCE REQUIRED: _____

Do you wish to Transfer/Promote a present employee? _____ if yes, name: _____

REFER QUALIFIED APPLICANTS TO: _____

ROOM: _____ BUILDING: _____ PHONE #: _____

FUNDING: Account #: _____ Position #: _____

SALARY: Pay Grade: _____ Annual: _____ Hourly: _____ EEOC Code _____

ENDORSEMENTS:

Date Director/Chair, for ALL positions

Date Dean, for Academic Departments only

Date Vice President, for ALL positions

Date Grant Accountant, for grant-funded positions only

Date President, for NEW positions

For Personnel Office use only:

JOB POSTING NUMBER: _____

PERSON HIRED: _____ DATE OF HIRE: _____ Rev. 8/97