

APPROVAL FOR EMPLOYMENT-RELATED ACTIONS AND INCREASES

Please complete and submit to [\[DETERMINE POINT OF CONTACT\]](#)

For more information:

Section I.

Date:
Completed By:
Dean/Director/VP Requestor:
Division/College/School:

Request Category: (select from drop-down)

Employee/Candidate Name
If existing Employee, Employee ID

Section II - FOR ALL CLASSIFIED STAFF PC

(Staff Recruitment/Hire, Off-cycle/Reclass, FTE/Term Changes, Additional

If this is for a Staff Recruitment/Hire, please note Opportunity Hire, Recruitment?

New or Existing Position
If existing position, how long was it vacant?
Salary Min/Mid/Max
Proposed Salary
Home Department
Position Number
Term
FTE
System Title
Working Title
Exempt/ Non-Exempt
Supervisor
Proposed Start Date/Increase Date
Funding Source

PLEASE ALSO COMPLETE SECTION VI

Section III. STAFF ACTIONS I

OFF-CYCLES/RECLASSIFICATIONS, ADDITIONAL PAYS and FTE/TEI

PLEASE ADDRESS THE FOLLOWING

Proposed Increase or Increase in FTE

Please explain what additional duties are being assigned to the employee to warrant the off-cycle increase, additional pay or change in FTE:

Response here:

Please explain why the assignment of additional or elevated duties or change in FTE need to occur now vs at a later date:

Response here:

PLEASE ALSO COMPLETE SECTION VI

Section IV - FOR STUDENT POSITIONS:

Proposed Increase/Rate of Pay
Undergraduate, Graduate, or LCOM
Description of Selection Process:
Description of Work:

PLEASE ALSO COMPLETE SECTION V

Section V - FOR TEMP HIRES & EXTENTIONS: