

Faculty/Staff Hiring Form

Person Completing Form _____ Date _____ Phone # _____

Candidate/Position Information

Salutation _____ Last Name _____ First Name _____ Line # _____

Person # _____ Annual Salary _____ FTE _____

State Title/Rank _____ Start Date _____ Recruitment Year _____

VP/Decanal Unit _____ Department _____

Funding Information/Resource Needs

| | <u>%age</u> | <u>Actual Prorated Salary</u> | <u>Also Receives</u> | <u>Funding Type</u> | | <u>%age</u> | <u>Startup (recurring)</u> | <u>Startup (non-recur)</u> | <u>Funding Type</u> |
|-------------------------|-------------|-------------------------------|----------------------|---------------------|--|-------------|----------------------------|----------------------------|---------------------|
| Unit | _____ | _____ | _____ | _____ | | _____ | _____ | _____ | _____ |
| Unit (Other-cost share) | _____ | _____ | _____ | _____ | | _____ | _____ | _____ | _____ |
| Central | _____ | _____ | _____ | _____ | | _____ | _____ | _____ | _____ |
| TOTAL # | 100% | _____ | _____ | _____ | | 100% | _____ | _____ | _____ |

Is this an approved centrally funded spousal accommodation hire?

Other source/reason for central funding: _____

Additional information: _____

Approvals

Unit UBO _____
 Name (please print) _____ Signature _____ Date _____

VP/Dean _____
 Name (please print) _____ Signature _____ Date _____

Office Use Only

Central Funding confirmed _____

Hire Confirmed _____

Comments _____

 Resource Planning _____
 Name (please print) _____ Signature _____ Date _____