

**REQUEST TO HIRE NEW FACULTY**

**PLEASE PRINT OR TYPE**

Date	
Requested By	
Permanent / Temporary	
RF (Grant #)	
Employee Name	
Title	
Program Assignment	
Start Date	
End Date	
Total # of weeks	
Total Hours per week	
Suggested Salary	\$
Supervisor	
Type of Appointment	Full Semester <input type="checkbox"/> One Quarter <input type="checkbox"/> Seminar/Courses/Quarter <input type="checkbox"/>
(Full semester = every week, One Quarter = 7.5 weeks, Seminar/Courses/Quarter = Meeting less than 7 times)	
Justification:	

**Signature of Initiator** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPROVAL SIGNATURES**

Director, ISU Signature & Date :
Assoc. Dir. / Dir. of Education Signature & Date :
Admin. Services Director Signature & Date :
Executive Director's Signature :
Admin. Services Sr. Staff Asst. Signature & Date :

**Availability of Funds** :  YES  NO **FUND SOURCE** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

**Request Approved:**  YES  NO

Reason: