

ST. CLOUD STATE UNIVERSITY
UNCLASSIFIED EMPLOYMENT REQUEST FORM (FACULTY)

Department/Center _____

This form must be accompanied by an appropriate affirmative action report. If the Employment Request is for a new employee, transcripts, recommendations, an Unclassified Personnel Application Form, a Prior Experience Evaluation Form and the notice of vacancy must also be included. Persons being employed as adjuncts do not need Letters of Reference, a Prior Experience Evaluation form or the notice of vacancy. If the person has been previously employed here, this information may be on file in the Human Resources Office. Please remember that persons being transferred from one employment status to another e.g., fixed term or probationary, must have this form completed for them.

Name _____ Address _____

TYPE OF APPOINTMENT: PROB FTNP ADJ RANK: Prof. Assoc. Prof. Asst. Prof. Instr.
(circle one) (circle one - except for adjunct)

Appointment Salary _____ Appointment period from _____ to _____

Step _____ Base Salary _____ (9 Month) (Final salary offer must be approved by Academic Affairs.)

Appointment is _____ percent of full time during the appointment period.

Final probationary year is the _____ - _____ academic year.

Previously employed at St. Cloud State? Yes _____ No _____ If yes, indicate latest year and quarter/semester _____

SPECIFY ASSIGNMENTS: List special assignments; include percentage of teaching and/or non-teaching assignment(s)
For part-time appointments specify nature of the assignment, courses and credit hours assigned.

PERCENT OF TIME
____ Teaching
____ Non-teaching

SPECIAL CONSIDERATIONS: Specify stipulations pertaining to tenure if any. Also, specify any special considerations for employment. Anything appearing here will be placed on the appointment form..

SOURCE OF FUNDING
____ M & E, Account # _____
____ Continuing Education
____ Other: _____

IDENTIFICATION OF POSITION:
____ Replacement for _____ (name)
____ Additional Position - Position # _____
____ Continuing Education
____ Other: (Specify) _____

APPROVAL OF EMPLOYMENT REQUEST: (Note any conditions above or on separate sheet.)

Department Chairperson/Center Director _____ Date _____
College Dean _____ Date _____
Director of Grants & Contracts _____ Date _____
(for grant funded appointments)
Affirmative Action Officer _____ Date _____
Academic Vice President _____ Date _____
President _____ Date _____