

**St. Cloud State University  
Request to Hire Approval Form**

Date \_\_\_\_\_ Job Title \_\_\_\_\_

College/Hiring Unit \_\_\_\_\_ Department \_\_\_\_\_

Our department would like to request:

- |  |  |
|--|--|
| <input type="checkbox"/> Classified (i.e. AFSCME, MAPE, MMA) | <input type="checkbox"/> Emergency/Temporary/Fixed Term              |
| <input type="checkbox"/> MSUAASF                             | __ for permanent employee on leave                                   |
| <input type="checkbox"/> MnSCU Administrator                 | __ for additional help   |
|  | __ to replace existing employee due to transfer, bid, or resignation |

Is the position description current?  
(within 3 years) \_\_\_\_\_

\_\_\_\_\_ Proposed dates of employment\*  
beginning & end dates

- New Position  
-include Position Description, Position Analysis  
Questionnaire (MSUAASF & Administrator),  
And Organizational Chart

- Permanent/Probationary  
\_\_\_\_\_ Proposed start date

Name of employee that vacated the position \_\_\_\_\_

- employee transferred to another dept.     employee left SCSU employment  
 other \_\_\_\_\_

Position Number \_\_\_\_\_ Cost Center to be charged \_\_\_\_\_

Comments:
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**Signatures/Routing:**

**Recommendation:**

Supervisor Signature	Date		Approved	Not Approved
Dean/Director Signature	Date		Approved	Not Approved
Vice President of Hiring Unit Signature	Date		Approved	Not Approved
HR Director (Unclassified)	Date		Approved	Not Approved
Asst. HR Director (Classified)	Date		Approved	Not Approved
Budget Officer	Date		Approved	Not Approved
President	Date		Approved	Not Approved

Comments:

\*If requesting a temporary/fixed term appointment extending beyond 12 months, please explain reason in the top comment box.

cc: Immediate Supervisor – If a Search Committee requires or would like to request representation from MSUAASF, AFSCME, MAPE or MMA, contact the Office of Administrative Affairs.