

UNCLASSIFIED EMPLOYMENT REQUEST FORM

- The Dean/Associate hiring department will need to log in to PeopleAdmin and print the Job Posting, Notice of Vacancy, the New Hire Application, Vita, Transcripts, and References and attach to this form.

Name: _____ Campus Address: _____
(First) (MI) (Last)

Department : _____ Title: _____ Tech ID: _____

MSUAASF & MinnState Administrator Hire

Type of Appointment _____ Fixed Term _____ Probationary _____
 Base Salary /Salary Recommended _____
 Salary Range _____
 Interim: (specify date permanent Interim) _____
 Notification Date/Permanent Status _____
 Appointment is _____ percent of full time during appointment period
 Previously Employed at St. Cloud State?
 No Yes, indicate last year of employment _____

Faculty Hire

Type of Appointment _____ Probationary _____ FTNP _____ Adjunct _____
 Rank _____ Prof. _____ Assoc. Prof _____ Asst. Prof _____ Instr. _____
 Appointment Salary _____ Step _____
 Base Salary _____ (9 mo) (Final salary offer must be approved by Academic Affairs)
 Appointment is _____ percent of full time during appointment period
 Appointment is from _____ to _____
 Final Probationary Year is _____ - _____ academic year _____
 Percent of Time _____ Teaching _____ Non-Teaching _____
 Previously Employed at St. Cloud State?
 No Yes, indicate last year of employment _____

SPECIAL 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.

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/Cost Center: _____
 ___ Health Services _____
 ___ Residence Hall _____
 ___ Student Union _____
 ___ Continuing Education _____
 ___ Other (specify) _____

IDENTIFICATION OF POSITION

PeopleAdmin Position # _____ PCN: _____
 Replacement for _____ (name)
 ___ Additional Position _____
 ___ Other (specify) _____

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

Supervisor Signature _____ Date _____

Department Chairperson/Center Director *faculty only* _____ Date _____

Dean Signature *faculty only* _____ Date _____

Director of Grants & Contracts (*for grant funded appointments*) _____ Date _____

Institutional Equity and Access Officer _____ Date _____

Unit Vice President or Academic Vice President _____ Date _____

(MSUAASF & MinnState Administrator Only)

Salary Approved \$ _____ Salary Range A B C D E Step _____ Exempt Non-Exempt
(circle one) (circle one)

Human Resources Director _____ Date _____