

ST. CLOUD STATE UNIVERSITY
FACULTY EMPLOYMENT REQUEST FORM

Department _____

- If the Employment Request is for a new employee, the hiring unit will need to log in to NEOGOV and print the Job Posting, Notice of Vacancy, the New Hire Application, Vita, Transcripts, and References and attach to this form.
- If the person has been previously employed here, this information may be on file in the Human Resources Office. A copy of this form will be returned to the Unit Vice President.

Name _____ Campus Address _____

TYPE OF APPOINTMENT: PROB FTNP ADJ (check one) **RANK:** Prof. Assoc. Prof. Asst. Prof. Instr. (check 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/Cost Center # _____
 _____ Continuing Education _____
 _____ Other: _____

IDENTIFICATION OF POSITION:

Requisition #: _____ PCN: _____
 _____ Replacement for _____ (name)
 _____ Additional 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 _____
<i>(for grant funded appointments)</i>	
HFER approved <input type="checkbox"/> Initial and Date _____	Date _____
Institutional Equity and Access Officer _____	Date _____
Academic Vice President _____	Date _____
President _____	Date _____