

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

College/Hiring Unit _____ Department _____ Date _____

Our department would like to request:

- | | |
|--|---|
| <input type="checkbox"/> Classified Permanent Hire (i.e. AFSCME, MAPE, MMA)
<input type="checkbox"/> New
<input type="checkbox"/> Position Description & Org Chart
<input type="checkbox"/> Existing
<input type="checkbox"/> Position Description
<input type="checkbox"/> Copy of resignation letter or retirement letter | <input type="checkbox"/> Classified Emergency/Temporary Hire
___ for permanent employee on leave
___ for additional help
___ to replace existing employee due to transfer, bid, or resignation
Proposed dates of temp/emg employment**
From _____ to _____ |
|--|---|

Job Classification _____	Name of Person Vacating Position _____
Cost Center to be Charged _____	

Shift _____ Day of Work _____ - _____ Hours of Work _____ to _____

Reason Position Vacant: New position ___ Retirement ___ Transfer /Bid ___ Resignation ___ Other* ___

Please define other* or list any further information:

<u>HR USE ONLY</u>	
Position Control Number _____	Salary Min/Max Rate From \$ _____ to \$ _____

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: Classified – Assistant Director	Date	Approved	Not Approved
Budget Officer	Date	Approved	Not Approved
President	Date	Approved	Not Approved

**** If requesting a temporary appointment extending beyond 12 months or conducting a search consult with Human Resources**