

**St. Cloud State University  
Request to Hire-Faculty**

Position # \_\_\_\_\_

College/School \_\_\_\_\_ Department \_\_\_\_\_

Position requested \_\_\_\_\_ FTE % \_\_\_\_\_

\_\_\_\_ Probationary/Tenure-Track Proposed Rank: \_\_\_\_\_

\_\_\_\_ Fixed-Term, Non-Probationary (FTNP) Replacement for: \_\_\_\_\_

Term Start & End Date (for FTNP) \_\_\_\_\_ Cost Center #: \_\_\_\_\_

Quantitative data justification (per Academic Data Book):

	FY 11	FY 12	FY 13	FY 14	FY 15
Dept's Student Credit Hrs					
Credit Hrs/ FTE faculty					
FYE Student/ FTE faculty ratio					

Qualitative justification:

Department rationale (e.g., external review or accreditor recommendation)

Please provide narrative:

Dean's rationale:

Requested by: _____		Approved by: _____	
Department Chair Signature	Date	Dean/Assoc. Provost Signature	Date

FOR DEAN/ASSOCIATE PROVOST'S OFFICE USE:

Name of Person entering Requisition into NEOGOV/Online Hiring Center \_\_\_\_\_

Date Requisition entered into NEOGOV/Online Hiring Center \_\_\_\_\_

**Note: This completed/approved form should be scanned and MUST BE attached to the online Requisition.**