ST. CLOUD STATE UNIVERSITY

Request to Hire-Faculty   PCN # _____

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 #: _____

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

<u>FOR DEAN/ASSOCIATE PROVOST'S OFFICE USE:</u>
   Name of Person Creating Posting in PeopleAdmin/Online Hiring Center _____
                                    Date Posted into PeopleAdmin/Online Hiring Center _____

Note: This completed/approved form should be scanned and <u>MUST BE</u> attached to the online Posting.