

# STAFF APPOINTMENT/CHANGE IN STATUS RECOMMENDATION

**Type of Action Recommended:**

**Position Status:**

<input type="checkbox"/> New Appointment	<input type="checkbox"/> Transfer	<input type="checkbox"/> Regular	<input type="checkbox"/> Full-time
<input type="checkbox"/> Promotion	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Temporary	<input type="checkbox"/> Half-time
			<input type="checkbox"/> Part-time

**Basic Information:**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ HEW Code \_\_\_\_\_ Sex \_\_\_\_\_

Present Position Title \_\_\_\_\_ Present Level \_\_\_\_\_

Proposed Position Title \_\_\_\_\_ Proposed Level \_\_\_\_\_

Present Salary \_\_\_\_\_ College/Department \_\_\_\_\_

Proposed Salary \_\_\_\_\_ College/Department \_\_\_\_\_

Minimum Qualifications for Position \_\_\_\_\_

Qualifications of Individual Additional \_\_\_\_\_

Comments \_\_\_\_\_

Effective Date \_\_\_\_\_

Vita Attached       Affirmative Action Form Attached

**Approval:**

Recommended By	Department/Unit	Date
Approved By	Dean/Director	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Recommended	Personnel	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Recommended	Vice President	Date
Approved By	<input type="checkbox"/> President <input type="checkbox"/> Board of Trustees	Date

