

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 _____

Approved
 Recommended _____
Personnel _____ Date _____

Approved
 Recommended _____
Vice President _____ Date _____

Approved By _____
 President Board of Trustees _____ Date _____

