



FACULTY, MANAGERIAL UNIT PROFESSIONAL STAFF, AND SPECIALISTS
RECOMMENDATION FOR APPOINTMENT FORM

1. POSITION INFORMATION

Job Title: _____

New Position: Existing Position: Prior incumbent: _____

Division/Dept.: _____ Supervisory Org. (Workday): _____

2. RECOMMENDATION

The following person is recommended for appointment:

Candidate's Name: _____

Home Address: _____

Rank/Title: _____ Office Location: _____

Annual Salary: \$ _____ Range/Step: _____ Start Date: _____ End Date: _____

___ State Funded ___ 10-month Fund: _____
___ Grant Funded ___ 12-month Cost Center: _____
___ Revenue Funded ___ Temporary PS Account: _____
 ___ Tenure Track Grant Project: _____

3. CERTIFICATIONS AND APPROVALS

I have reviewed the credentials of this individual who meets the qualifications for the recommended rank and/or position title. The filling of this position is authorized, and the process leading to this recommendation is in full compliance with affirmative action recruitment guidelines.

Chair/Director: _____ (print name) Date: _____

Dean/Assoc/Asst Vice President: _____ (print name) Date: _____

Division Vice President: _____ (print name) Date: _____

This position has been approved to be filled. Position #: _____

Vice President for Human Resources: _____ Date: _____

4. PROCESSING

- a) For faculty appointments, submit this form to the Office of the Provost along with (1) a resume, (2) official transcripts, (3) three letters of recommendation including one from the current or most recent employer, (4) completed background screening Search Request form, (5) signed background screening Disclosure and Authorization form.

- b) For managerial and unit professional staff appointments, submit this form to Karen Brack in Human Resources Talent Acquisition, respectively, along with (1) a resume, (2) a job description, (3) transcripts, (4) three letters of recommendation, or a written summary of references checked (references from immediate supervisor required), (5) completed background screening forms (Search Request Form and Disclosure and Authorization form). (6) signed background screening Disclosure and Authorization form.