

Dept Number		Dept Name		Date	
Contact Person		Title		Email	
Chair or Supervisor		Phone		Email	

Position Requested

- Permanent Hire
 Direct Hire
 Staff Hire
 Temporary Hire

Faculty Position

Employee Being Replaced (if applicable)				Current Salary	
Name: Last		Name: First		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Position Title		Position Type		<input type="checkbox"/> Int'l Hire	<input type="checkbox"/> Rehire
Academic Year/Semester		Required Credentials			
Annual Salary/Rate per Course		Anticipated Start Date			
Office Space		Academic Year		Anticipated End Date	
Compensation Chartstring		In Budget Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Justification					

Please use the space above to support your unit's need for this position, specifically explaining why full-time faculty and instructional staff cannot cover these courses. Please make sure there is designated office space and an official transcript on file. Please Include:

- If you are requesting temporary support to cover additional sections during registration
- If this is a required course for student progression, explaining why full-time and instructional staff cannot cover the course
- If this is an emergent request to cover a course already in progress that the current faculty member cannot complete

Use the chart below to list all courses to be assigned to this position (if approved)

CRN	Course	Section	Projected Enrollment	Credit Hours
CRN	Course	Section	Projected Enrollment	Credit Hours
CRN	Course	Section	Projected Enrollment	Credit Hours
CRN	Course	Section	Projected Enrollment	Credit Hours

Staff Position

Employee Being Replaced (if applicable)				Current Salary	
Name: Last		Name: First		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Position Title		Position Type		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
Requested Annual/Hrly Rate		Anticipated Start Date			
Office Space		Academic Year		Anticipated End Date	
Compensation Chartstring		In Budget Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Justification					

For CAAH Dean's Office Use Only

Budget Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional Approval	////////////////////
Comments				
Signature				Date

Academic Planning Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Transcript on File	<input type="checkbox"/> Alternate Credentials
Comments				
Signature				Date

Dean Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	////////////////////	
Comments				
Signature				Date