



An Initial Functional Competency Assessment must be submitted with this form.

Please check one:

Input boxes for New Hire, Promotion, Current Employee (Effective Termination Date from Current Position:)

School/Division: _____

Name as it appears on SS Card: _____ Banner ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Anticipated Start Date: _____ Position Number: _____ Employee FTE: _____

Career Banding Classification Title: _____

Working Title: _____

Timesheet Approver & Position #: _____

Will the appointee receive benefits? (must be .75 FTE or more to receive benefits.) Yes No

Table with 4 columns: Banner Index Number, Account Number, Amount, Percent. Includes a Total row at the bottom.

Specify knowledge, skills and abilities that make this candidate the most qualified selection*:

Large empty rectangular box for candidate specifications.

SIGNATURES:

1. Originator: _____ 2. Requesting Dean/Dept. Head/VC: _____

5. Budget: _____ 6. Budget - Other: _____

4. CFO/Provost: _____ 3. HR Rep.: _____

HR Position Class Code: [input box]

* HR will return approved form back to originator. All supporting documentation must be returned to Human Resources no later than the 10th of each month to implement payroll action by the end of same month.
*Originator should route final copy back to Foundation, if applicable.
* Once form is signed by the Originator it will automatically lock and no further modifications will be allowed.