PERSONNEL HIRING REQUISITION FORM

Name of Hire: ________________________________ Position Title: ________________________________

Location: ☐ New Mexico Campus ☐ Florida Campus Transfer: ☐ Yes ☐ No

Dept: ____________________________________ Hire Date: ______________ Salary/Hourly Rate: ______________

FLSA Status: ☐ Exempt ☐ Nonexempt If part time, how many hours per week/FTE? ______________

☐ Faculty

Rank Recommendation: __________________________________________________________

☐ Dean’s initials of approval if Faculty does not have a terminal degree.

☐ Regular (Benefits Eligible)
  ☐ Full-Time (1.0 FTE or 40 hrs. /week)
  ☐ Part-Time: Benefits Eligible (.50 FTE or greater, but less than 1.0 FTE)
  ☐ Part-Time: Non-Benefits Eligible (less than 0.5 FTE)

☐ Staff
  ☐ Full-Time: Benefits Eligible {1.0 FTE or 40 hrs. /week}
  ☐ Part-Time: Benefits Eligible (0.5 FTE or greater, but less than 1.0 FTE)
  ☐ Part-Time: Non-Benefits Eligible (Less than 0.5 FTE)
  ☐ Temporary (Must also select applicable F/T or P/T status from above)

Items to be attached (required):

☐ Recommendation on Faculty Rank from Committee (Required for all Regular Faculty Appt.)
☐ CV/Resume (for all candidates interviewed) ☐ Interview Materials/Notes (for all candidates interviewed)
☐ DRAFT Offer Letter ☐ Reference Check Documents/Completed by: ________________________________

Requested by: __________________________________________________________________________

Title: __________________________________ Date: __________________________

Approved by: __________________________________________________________________________

Assistant Dean of Faculty Affairs Date: __________________________

Approved by: __________________________________________________________________________

Assistant Vice President of Human Resources Date: __________________________

Approved by: __________________________________________________________________________

Controller Date: __________________________

Approved by: __________________________________________________________________________

Campus Dean - Florida Date: __________________________

Approved by: __________________________________________________________________________

Chief Academic Officer Date: __________________________

Approved by: __________________________________________________________________________

President Date: __________________________

To Be Completed by the Office of HR

Signing Bonus Amount (if applicable) ________________________________