REQUEST TO RECRUIT/APPOINT FORM

School of Medicine & Health Sciences
UNIVERSITY OF NORTH DAKOTA

NON-FACULTY

For this action (check one):   **Recruit**   **Appoint**

Staff	Temp. Staff	Previous incumbent:	

EFFECTIVE (HIRE) DATE	POSITION NUMBER	DEPARTMENT NAME

NAME (LAST)	NAME (FIRST)	FUNCTIONAL TITLE

SUPERVISOR'S NAME	EMPLOYEE TYPE Salaried Hourly	FULL TIME/PART TIME Full Part Time	# HOURS WORKED PER/WK

Proposed Salary Range	$	Hourly $	Monthly $	(Use for temporary salaried appointments)	5% Probationary increase included in range?

Justification for requested approval:

Complete position description should be attached to this form when routed for approval. Job Posting Guide

Please explain in the justification section the current fund # and salary amount, as well as the proposed fund #, and salary amount. Note the funding source(s)below. If any additional funding is being requested, or if department funds are being realigned.

FUND# (5 digits)	Depart# (4 digits)	Project# (if applicable) ex: UND0012599	%

TOTAL (must equal 100%)

If you have more than 4 funding sources please write remainder in justification.

I CERTIFY THAT THE ABOVE RECRUITMENT REQUEST IS IN ACCORDANCE WITH BUDGETARY ALLOTMENTS AND UNIVERSITY POLICIES

*SUPERVISOR	DATE	*PRINCIPAL INVESTIGATOR (if applicable)	DATE
*DEPT HEAD CHAIR	DATE	*ASSOCIATE DEAN	DATE
DEAN / Vice President (or designee)	DATE	APPROVING OFFICIAL	

For Dean's Office Use Only:

REVISED 04/19