

# 12 Month Adjunct AP-Hiring Approval

## TO BE COMPLETED BY DEAN / APPOINTING OFFICER

Title: \_\_\_\_\_

☐ New: \_\_\_\_\_

(name if known)

☐ Renewal for: \_\_\_\_\_ Position# \_\_\_\_\_  
(name)

☐ Full-time ☐ Other than Full-time (please specify) \_\_\_\_\_

Department: \_\_\_\_\_

Proposed Salary: \_\_\_\_\_

FOAP to be Charged/%: \_\_\_\_\_

How will the position be funded?(Required for approval) \_\_\_\_\_

Is this a grant funded position? \_\_\_\_\_

If so, what is the expiration date? \_\_\_\_\_

AP Position Only – Who will supervise and complete performance assessment for this position? \_\_\_\_\_

Date of Assignment: \_\_\_\_\_

Briefly list the duties/responsibilities of this position: \_\_\_\_\_

Indicate the supervisory responsibilities of this position (circle one)

- ☐ No supervisory responsibilities
- ☐ Supervise the equivalent of 2 full-time staff (80 hrs/week) including student staff

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TO BE COMPLETED VICE PRESIDENT

☐ Approved ☐ Not Approved \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TO BE COMPLETED BY HUMAN RESOURCES

Employee Class: \_\_\_\_\_ Position Class: \_\_\_\_\_ EEO Position Group: \_\_\_\_\_

District/Div: \_\_\_\_\_ Employee Group: \_\_\_\_\_ Department: \_\_\_\_\_

Department Name: \_\_\_\_\_ FTE: \_\_\_\_\_

EEO: \_\_\_\_\_ SOC \_\_\_\_\_ Job Location \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TO BE COMPLETED BY BUDGET OFFICE

Position # \_\_\_\_\_ Acct. Code \_\_\_\_\_ Labor Distribution \_\_\_\_\_ FOAP/% \_\_\_\_\_ Labor Distribution \_\_\_\_\_ FOAP/% \_\_\_\_\_

\_\_\_\_\_  
Comments

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Copies:** Dean / Appointing Office Vice President Budget Academic Budget