

# **REQUEST TO HIRE**

(Print on Blue Paper)

# Request To Hire

**No employee is to be allowed to begin work prior to notification from the Office of Human Resources that the appointment has been approved. The employee's I-9, W-4, and direct deposit forms (located at <http://www.etsu.edu/humanres/forms.aspx>) should be received on or before the date of hire.**

It is recommended that \_\_\_\_\_, whose application is { ☐ attached } or { ☐ on file } be appointed.  
E# \_\_\_\_\_

## **Background Screenings (Required for Designated Positions):**

☐ Completed & Approved      ☐ Not Required      ☐ Must be Completed by Human Resources

Name of Department _____	Home Dept. Org. # (employee reports here) _____
Box # _____	Employee Campus Phone # _____
Building Name _____	Room # _____
Index # (employee charged here) _____	Position # _____
Check Distribution # _____	Timekeeping # _____
Contact Person _____	Ext. of Contact _____

## **Position Information:**

<input type="checkbox"/> Support Staff (61320) (Hourly Salary) \$ _____ (at least minimum wage)	<input type="checkbox"/> Full-time Temporary (From _____ to _____) <i>(If renewal, 2 week break in service required, indicate below)</i> (From _____ to _____) (From _____ to _____)
<input type="checkbox"/> Professional (61620) (Monthly Salary) \$ _____ (at least \$1,972 per month)	<input type="checkbox"/> Part-time Temporary (enter hours per week) _____ (From _____ to _____)
Job Title: _____	<input type="checkbox"/> Temporary on an <b>as needed basis</b> (From _____ to _____)

## **For regular budgeted employees: (Contact Human Resources for clarification of proper documentation.)**

Support Staff (61310)	<input type="checkbox"/> This is a transfer.	<input type="checkbox"/> This is a promotion.	Effective Date: _____
Professional (61610)	<input type="checkbox"/> This is a transfer.	<input type="checkbox"/> This is a promotion.	Effective Date: _____

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

Requested by _____	Date _____
Chair/Director.....	Recommend Approval _____ Date _____
Assistant/Associate Dean .....	Recommend Approval _____ Date _____
Dean/Director.....	Recommend Approval _____ Date _____
Vice President .....	Recommend Approval _____ Date _____
Grant Accounting (if applicable) .....	Recommend Approval _____ Date _____
Budget.....	Recommend Approval _____ Date _____
Human Resources .....	Recommend Approval _____ Date _____
Affirmative Action .....	Recommend Approval _____ Date _____
Vice President, Finance & Administration .	Recommend Approval _____ Date _____
President.....	Recommend Approval _____ Date _____

## **To be completed by Human Resources only:**

Date: \_\_\_\_\_ Notified: \_\_\_\_\_