

**REQUEST TO HIRE FOR SUPPORT  
OR ADMINISTRATIVE STAFF**

(Print on Blue Paper)

# Request To Hire Support Or Administrative Staff

Date requested \_\_\_\_\_

Name of Department \_\_\_\_\_

Box No. \_\_\_\_\_ Employee Campus Phone # \_\_\_\_\_

Building Name \_\_\_\_\_ Room # \_\_\_\_\_

Index # \_\_\_\_\_ Account # \_\_\_\_\_

Position # \_\_\_\_\_ Dept. Org. # \_\_\_\_\_

Check Dist. # \_\_\_\_\_ Time Keep. # \_\_\_\_\_

Contact Person \_\_\_\_\_ Ext. \_\_\_\_\_

**Position Information:**

- |                                                                                                                                                         |                                  |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Support Staff                                                                                                                  | <input type="checkbox"/> Student | <input type="checkbox"/> Full-time % employment _____            |
| <input type="checkbox"/> Administrative                                                                                                                 | <input type="checkbox"/> Advisor | <input type="checkbox"/> Part-time (Enter # hrs. per week) _____ |
| Job Title: _____                                                                                                                                        |                                  | <input type="checkbox"/> Temporary on an <b>as needed basis</b>  |
| Annual Salary/Hourly Amount _____                                                                                                                       |                                  | (From _____ to _____)                                            |
| <input type="checkbox"/> This is a replacement for an existing approved position, formerly occupied by _____                                            |                                  | <input type="checkbox"/> Temporary on a <b>regular basis</b>     |
|                                                                                                                                                         |                                  | (From _____ to _____)                                            |
| <input type="checkbox"/> This is creating a new position request.                                                                                       |                                  | <input type="checkbox"/> Previously employed in this position:   |
| <input type="checkbox"/> This is a transfer.                                                                                                            |                                  | (From _____ to _____)                                            |
| <input type="checkbox"/> The Record of Applicants form is attached - Form # 104 must be attached.                                                       |                                  | (From _____ to _____)                                            |
| <input type="checkbox"/> This position was approved for advertising on _____                                                                            |                                  |                                                                  |
| This position was advertised <input type="checkbox"/> ETSU Employment Opportunities <input type="checkbox"/> Newspaper <input type="checkbox"/> Journal |                                  |                                                                  |

It is recommended that \_\_\_\_\_ whose application is {  attached } be appointed.

SS# or E# \_\_\_\_\_ {  on file }

Preferred date of employment \_\_\_\_\_

**Funding:** (This section to be completed by Human Resources and verified by Director of Budgets.)

Current Budget \_\_\_\_\_ Used Fiscal Year \_\_\_\_\_ Required if filled \_\_\_\_\_

\_\_\_\_\_ Savings/Overage

Requested by _____	Date _____
Assistant Dean.....	Recommend Approval _____ Date _____
Associate Dean.....	Recommend Approval _____ Date _____
Dean/Director.....	Recommend Approval _____ Date _____
Vice President .....	Recommend Approval _____ Date _____
Budget.....	Recommend Approval _____ Date _____
Human Resources .....	Recommend Approval _____ Date _____
Affirmative Action .....	Recommend Approval _____ Date _____
V.P. for Administration .....	Recommend Approval _____ Date _____
President .....	Recommend Approval _____ Date _____