**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.php**](http://www.etsu.edu/humanres/forms.php)**) 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 Name       Contact Extension

Supervisor       Supervisor E#

**Position Information:** Note: Temporary employees who work 30 hrs or more in a

 week may be offered benefits.

[ ]  Support Staff (61320) (Hourly Salary) $      [ ]  Full-time Temporary

 (at least minimum wage) (From       to       )
 *(If renewal, 2 week break in service required, indicate below)*

 (From       to       )
[ ]  Professional (61620) (Monthly Salary) $      (From       to       )

 (at least $1,972 per month) [ ]  Part-time Temporary (enter hours per week)

 (From       to       )

 [ ]  Temporary on an ***as needed basis***

Job Title:       (From       to       )

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

Support Staff (61310) [ ]  This is a transfer. [ ]  This is a promotion. Effective Date:

Professional (61610) [ ]  This is a transfer. [ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_