



Request for Authorization of Position and Search

Department/Program/Office

Hiring Authority (President/Vice President)

Classification and/or working title

| | | |
|-------------------|---------|--------------------------|
| Is this position: | Current | <input type="checkbox"/> |
| | New | <input type="checkbox"/> |

Name of incumbent

Appointment Status by Bargaining Unit (Check box):

| | | |
|---------------------------|--|--------------------------|
| IFO | | |
| Probationary/Tenure Track | | <input type="checkbox"/> |
| Fixed Term | | <input type="checkbox"/> |

| | | |
|------------------------|--|--------------------------|
| MSUAASF | | |
| Probationary/Permanent | | <input type="checkbox"/> |
| Fixed Term | | <input type="checkbox"/> |
| Intermittent | | <input type="checkbox"/> |
| Externally Funded | | <input type="checkbox"/> |

| | | |
|---------------------------------|--|--------------------------|
| MSCF | | |
| Unlimited Full Time | | <input type="checkbox"/> |
| Unlimited Part Time | | <input type="checkbox"/> |
| (Specify Min Guarantee %) _____ | | <input type="checkbox"/> |

| | | |
|---------------|--|--------------------------|
| AFSCME | | |
| Unlimited | | <input type="checkbox"/> |
| Temporary | | <input type="checkbox"/> |
| Seasonal | | <input type="checkbox"/> |
| Intermittent | | <input type="checkbox"/> |
| Emergency | | <input type="checkbox"/> |

| | | |
|--------------|--|--------------------------|
| MAPE | | |
| Unlimited | | <input type="checkbox"/> |
| Temporary | | <input type="checkbox"/> |
| Seasonal | | <input type="checkbox"/> |
| Intermittent | | <input type="checkbox"/> |
| Emergency | | <input type="checkbox"/> |

| | | |
|--------------|--|--------------------------|
| MMA | | |
| Unlimited | | <input type="checkbox"/> |
| Temporary | | <input type="checkbox"/> |
| Seasonal | | <input type="checkbox"/> |
| Intermittent | | <input type="checkbox"/> |
| Emergency | | <input type="checkbox"/> |

| | | |
|----------------------|--|--------------------------|
| Administrator | | |
| At Will | | <input type="checkbox"/> |
| Interim | | <input type="checkbox"/> |

| | | |
|-------------------|--|--------------------------|
| Managerial | | |
| Unlimited | | <input type="checkbox"/> |
| Temporary | | <input type="checkbox"/> |
| Seasonal | | <input type="checkbox"/> |
| Intermittent | | <input type="checkbox"/> |
| Emergency | | <input type="checkbox"/> |

| | | |
|----------------------|--|--------------------------|
| Commissioners | | |
| Unlimited | | <input type="checkbox"/> |
| Temporary | | <input type="checkbox"/> |
| Seasonal | | <input type="checkbox"/> |
| Intermittent | | <input type="checkbox"/> |
| Emergency | | <input type="checkbox"/> |

Cost Center

Externally funded (Identify Grant):

Position #

FTE

SAC Chair (if known)

| | YES | NO |
|--|-----|----|
| Approved in current FY Budget | | |
| Approved in Strategic Plan | | |
| Position Description Complete | | |
| Position Description Classification by SO Complete (if needed) | | |
| Check Affirmative Action Plan - Underrepresented Category | | |
| If Yes - include details: | | |
| Cabinet Administrator has reviewed request | | |
| Date Cabinet Approved request | | |