

# REQUEST TO APPOINT FORM

## NON-FACULTY

Staff		Temp. Staff		Previous incumbent:	
EFFECTIVE (HIRE) DATE	POSITION NUMBER	DEPARTMENT NAME			
NAME (LAST)	NAME (FIRST)		FUNCTIONAL TITLE		
SUPERVISOR'S NAME		EMPLOYEE TYPE Salaried    Hourly		FULL TIME/PART TIME Full        Part Time	
Proposed Salary Range	\$ <input type="text"/>	Hourly	\$ <input type="text"/>	Monthly	\$ <input type="text"/> (Use for temporary salaried appointments) 5% Probationary increase included in range?

**Justification for requested approval:**

Complete position description should be attached to this form when routed for approval. [Job Posting Guide](#)

**Please explain in the justification section the current fund # and salary amount, as well as the proposed fund #, and salary amount. Note the funding source(s) below. If any additional funding is being requested, or if department funds are being realigned.**

FUND# (5 digits)    Depart# (4 digits)    Project# (if applicable)    %  
 ex: UND0012599

TOTAL (must equal 100%)

If you have more than 4 funding sources please write remainder in justification.

*I CERTIFY THAT THE ABOVE RECRUITMENT REQUEST IS IN ACCORDANCE WITH BUDGETARY ALLOTMENTS AND UNIVERSITY POLICIES*

*SUPERVISOR	DATE	*PRINCIPAL INVESTIGATOR (if applicable)	DATE
*DEPT HEAD CHAIR	DATE	*ASSOCIATE DEAN	DATE
DEAN / Vice President (or designee)	DATE	APPROVING OFFICIAL	

**For Dean's Office Use Only:**