

SOUTHERN UTAH UNIVERSITY
Cedar City, Utah
STAFF RECOMMENDATION FOR APPOINTMENT

To the President:

Date: _____

We recommended the appointment of:

_____ Beginning Date: _____ Ending Date: _____
(Name, first-middle-last)

_____ (Present Address)

as _____ (Position)

Classification: Classified (Non-Exempt) Professional (Exempt) Executive (Exempt)

Contract Period: Full-time ¾-time ½ -time Other _____
 12-Month 11-Month 10-Month 9-Month Other _____

Available Budgeted Salary \$ _____ Base Salary Recommended \$ _____

Account No. _____ Amount or % _____
Account No. _____ Amount or % _____
Account No. _____ Amount or % _____

The reasons for this appointment are as follows:

New Position Replacement Position: Name of Person Replaced _____

Please check one: Advertised Position Emergency Hire

Qualifications of Candidate: (Degrees, Year Granted, Institution, Major, Experience)

RECOMMENDED:

_____ (Date)
(Department Chair or Department Head)

_____ (Date)
(Dean or Division Head)

APPROVED:

_____ (Date)
(Provost or Vice President)

_____ (Date)
(Human Resources)

_____ (Date)
(Budget Approval)

_____ (Date)
(President's Approval)

HR Office Use only:
FTE: _____
Position #: _____
Job Description <input type="checkbox"/>