

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 _____ in _____
(Position) (Department)

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

Contract Period: Hrs/Day Full-time ¾-time ½ -time Other _____
 Months/Year 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 (Specify appointment begin and end date)

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

RECOMMENDED:

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|---------------------------------------------------------------------------------------|
| Name and T# of employee's supervisor _____ |
| Name and T#'s of employee's direct reports (Faculty/Staff) _____ _____ _____ |

_____ (Department Chair or Department Head) (Date)

_____ (Dean or Division Head) (Date)

APPROVED:

_____ (Provost or Vice President) (Date)

_____ (Human Resources) (Date)

_____ (Budget Approval) (Date)

_____ (President's Approval) (Date)

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