



ATTACH A POSITION DESCRIPTION, ORGANIZATION CHART AND WORK SCHEDULE APPROVED BY HR PRIOR TO START DATE

Part I: HR Status

<input type="checkbox"/> HR consult has occurred, requesting formal HR review; Position Description (attached)
<input type="checkbox"/> No HR consult or review required; Position Description (attached) unchanged
<input type="checkbox"/> No HR consult or review required; Position Description not required for reappointment or Candidate Selection

Part II: Reason for Hire

<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Employee Separation	<input type="checkbox"/> Employee Promotion/Reassignment	
<input type="checkbox"/> Other, Explain:			
<input type="checkbox"/> Employee Being Replaced	Name:	EMPL ID:	Base Salary @1.0 FTE:
Classification:	Skill Level:		

Part III: Justification

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Part IV: Position Information

Desired Starting Date:		Working Title:	
Classification:	Job Code:	Skill Level:	Base Monthly Salary @ 1.0 FTE:
Department:	Position Number:		Actual Salary:
Hiring Manager:	Ext:	Form Completed By:	Ext.

Part V: Emergency Hire or Casual Worker Status

<input type="checkbox"/> CSUEU (Unit 2, 5, 7, 9)	<input type="checkbox"/> 1 ST 90 CALENDAR DAYS	<input type="checkbox"/> 2 ND 90 CALENDAR DAYS
<input type="checkbox"/> APC (Unit 4) 60 Day Maximum	<input type="checkbox"/> SETC (Unit 6)	<input type="checkbox"/> Limited hourly <input type="checkbox"/> Less than 90 days
<input type="checkbox"/> Casual Worker (Appoint only for the period in which they will be required to work)		

Part VI - A: Effective Dates

Part VI - B: Time base & Work Schedule (check one)

<input type="checkbox"/> Start	<input type="checkbox"/> End	<input type="checkbox"/> Intermittent/Hourly	Days/Hours of Work:
		<input type="checkbox"/> Part-Time %	Days/Hours of Work:
		<input type="checkbox"/> Full Time	

Part VII: Special Conditions

<input type="checkbox"/> Requires driving for State business	<input type="checkbox"/> Funded by a Federal grant
<input type="checkbox"/> Requires Background/Fingerprints	<input type="checkbox"/> Requires Licenses/Certificates
<input type="checkbox"/> Requires Pre-employment Physical	Type(s):

Part VIII: Recruitment Checklist

<input type="checkbox"/> Position Description approved by HR prior to hire	<input type="checkbox"/> I-9 Employment Eligibility Verification	<input type="checkbox"/> SSA 1945 (Social Security)
<input type="checkbox"/> Organization Chart	<input type="checkbox"/> Employee Action Request (EAR)	<input type="checkbox"/> Conditions of Employment
<input type="checkbox"/> Work Schedule	<input type="checkbox"/> Employee Information Form	<input type="checkbox"/> Application for Employment

Part IX: Approvals (signatures)

Name: _____ Hiring Manager / Department Chair	Signature _____	Date _____
Name: _____ Administrator	Signature _____	Date _____
Name: _____ Cabinet Officer	Signature _____	Date _____

SF State is a Equal Opportunity/Americans with Disabilities Act employer and has a strong commitment to the principles of diversity.

HUMAN RESOURCES USE ONLY

Employment Consultant
Assigned Job #
Start Date
Salary
Hiring Documents Received