



**TEMPORARY APSCUF
REQUISITION & HIRING**

For **NEW** adjuncts – Please attach Resume/CV,
Transcripts, References if available

HIRING FACULTY ONLY!

Revised August 17, 2021 – HR

STEP 1 - DEPARTMENT APPROVAL

Business Administration	Guidance & Counseling
Education & Leadership Studies	Hospitality & Recreation Mgmt
English, Languages & Comm Arts	Natural & Applied Sciences
Fine Arts, Design & Liberal Studies	Social and Behavioral Sciences

FACULTY NAME: _____		SEMESTER: _____		GRANT FUNDED	Y	N												
PERMANENT: _____		TEMP: _____		Grant Name _____														
COURSES	HOURS	<table border="1"> <tr> <td>Applicant CV etc. attached?</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Applicant meets ACT182?</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Department Vote attached?</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Annuitant Emergency Justification</td> <td>Y</td> <td>N/A</td> </tr> </table>					Applicant CV etc. attached?	Y	N	Applicant meets ACT182?	Y	N	Department Vote attached?	Y	N	Annuitant Emergency Justification	Y	N/A
Applicant CV etc. attached?	Y						N											
Applicant meets ACT182?	Y						N											
Department Vote attached?	Y						N											
Annuitant Emergency Justification	Y						N/A											
	<i>Full Time</i>																	
	<i>Three quarter time</i>																	
	<i>Half Time</i>																	
	<i>Quarter Time</i>																	
	<i>Other</i>																	

Department Chair Signature _____ **Date** _____

STEP 2 – OFFICE OF THE PROVOST

Provost/Designee _____ Approved ___ Disapproved ___ Date _____

Notes _____ Approved ___ Disapproved ___ Date _____

STEP 3 - OFFICE OF HUMAN RESOURCES/PAYROLL SERVICES

Faculty Rank _____ Level/Step _____ Returning Adjunct **Y** **N**

Costs _____ (Salary \$ _____ Benefits \$ _____ Benefits Eligibility **Y** **N**)

STEP 4 - FUNDING APPROVAL

Cost Center / Grant Name _____ Percentage ___ Cost Center # _____ Position # _____

Cost Center / Grant Name _____ Percentage ___ Cost Center # _____ Position # _____

Controller's Signature _____ Approved ___ Disapproved ___ Date _____

Grant / Account Managers Signature _____ Approved ___ Disapproved ___ Date _____

Executive Director Finance Signature _____ Approved ___ Disapproved ___ Date _____

Controller or Grants Accountant please forward to the Office of Human Resources

President _____ Date _____

(President Signature **NEW** adjuncts only)