CLARK UNIVERSITY

OFFICE OF HUMAN RESOURCES/AFFIRMATIVE ACTION

EMPLOYMENT/STATUS CHANGE AUTHORIZATION FOR FACULTY AND STAFF

NAME: C # POSN #

TYPE OF AUTHORIZATION REQUESTED

New Employment  Salary Change

Name of Previous Incumbent  Change in Hours

Additional Salary  Temporary Employment (no benefits)

Account Number Change  Step Increase

Promotion/Transfer  Other

JUSTIFICATION/EXPLANATION:

TITLE OF POSITION:

DEPARTMENT:

GRADE LEVEL:

NAME OF SUPERVISOR:

DATE OF EMPLOYMENT/CHANGE:

RATE OF PAY: $ PER

HOURS PER WEEK: WEEKS PER YEAR:

Where budget $ currently are located:

INDEX #: FUND#: ORG #: ACCOUNT CODE AMOUNT $

Where position will be paid from:

INDEX #: FUND#: ORG #: ACCOUNT CODE AMOUNT $

12 months = 52 weeks 11 months = 48 weeks 10 months = 42 weeks 9 months = 39 weeks

REPORTING REQUIREMENT:   Bi-Weekly Time Report

Administrative Time Report

AUTHORIZATION

DEPARTMENT CHAIR/DIRECTOR:       DATE:

PROVOST/DEAN/VICE PRESIDENT:       DATE:

EXECUTIVE VICE PRESIDENT APPROVAL:       DATE:

CHIEF BUDGET OFFICER APPROVAL:       DATE:

HUMAN RESOURCES:       DATE: