



CSI RECRUITMENT AUTHORIZATION FORM – COLLEGE ASSISTANT

SECTION I PROPOSED ACTION

Division: _____ **Department/Office:** _____

Immediate Supervisor: _____

Check applicable box

Replacement **New Position**

Name of former employee: _____ **Hourly rate: \$** _____

Former employee's title: _____ **# of hours remaining** _____

Proposed title: _____ **Proposed hourly rate:** _____

For the period from _____, 20____ **to** _____, 20____

For a total of _____ **hours Total \$** _____ **Cost Center** _____

Weekly Schedule: _____ **Weekly hours** _____

SECTION II APPROVALS

Chairperson/Department/Office Director _____
Signature _____ **Date** _____

Dean _____
Signature _____ **Date** _____

Provost/Vice President/AVP _____
Signature _____ **Date** _____

Budget Office _____
Signature _____ **Date** _____

SECTION III CANDIDATE SELECTED (For Human Resources use only)

Name: _____ **Start Date:** _____

Payroll Title/Level: _____ **Salary:** _____