



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

Part I: HR Status

- ☐ HR consult has occurred, requesting formal HR review; Position Description (attached)
- ☐ No HR consult or review required; Position Description (attached) unchanged
- ☐ No HR consult or review required; Position Description not required for reappointment or Candidate Selection

Part II: Reason for Hire

- ☐ Leave of Absence ☐ Employee Separation ☐ Employee Promotion/Reassignment
- ☐ Other, Explain: _____
- ☐ Employee Being Replaced Name: _____ EMPL ID: _____ Base Salary @1.0 FTE: _____
- Classification: _____ Skill Level: _____

Part III: Justification

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

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

Part VI - A: Effective Dates

- ☐ Start ☐ End

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

- ☐ Intermittent/Hourly Days/Hours of Work: _____
- ☐ Part-Time % Days/Hours of Work: _____
- ☐ Full Time

Part VII: Special Conditions

- ☐ Requires driving for State business ☐ Funded by a Federal grant
- ☐ Requires Background/Fingerprints ☐ Requires Licenses/Certificates
- ☐ 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