

MINNEAPOLIS COLLEGE OF ART & DESIGN

OPEN POSITION APPROVAL FORM

POSITION TITLE: _____			
(NOTE: An accurate and up-to-date position description must be attached.)			
DEPARTMENT # and NAME: _____			
THIS POSITION IS:	<input type="checkbox"/> Staff	<input type="checkbox"/> Replacement	<input type="checkbox"/> Within Budget
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Expansion	<input type="checkbox"/> Outside Budget
Date Position is Available:	____/____/____	or	____ immediately
Proposed Salary Range:	\$ _____	to \$ _____	Annual
	\$ _____	to \$ _____	Hourly
Account # to charge for advertising costs: 1 - 5260 - _____ - _____ - _____			
HR Office use only: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt and <input type="checkbox"/> Management <input type="checkbox"/> Non-Management			
Work Status:	1820	Hours per Year	
	_____	Full-Time (Benefits-Eligible)	
	_____	Part-Time (Benefits-Eligible)	
	_____	Part-Time (Casual Labor, Non-Benefits-Eligible) scheduled to work 500 or more hours per year	
		(Must not exceed 999 hours in their anniversary year.)	
	_____	Hours per Week	
	Begin Date: ____/____/____; End Date: ____/____/____		
(Note: An employee must work 1,000 hours or more per year, or teach more than 12 credits per year to be eligible for benefits)			
If hours per year are not spread out over an entire year (e.g., 3-month assignment), please explain in detail the manner in which work will be scheduled: _____			
Public Safety Officer Work Schedule: _____			

MUST PROVIDE ANSWERS TO ALL 7 QUESTIONS:

1. Will this position have direct access to or responsibility for cash, checks, credit card(s), bank accounts, student records, or social security numbers of alumni/donors, students/parents, and/or faculty/staff? ____Yes ____No
 2. Will this position have direct access to master and sub-master keys, enabling access to student dorms/apartments? ____Yes ____No
 3. Will this position have unsupervised, direct contact with minor children under the age of 18? ____Yes ____No
 4. Will this position have responsibility for operating a motor vehicle, whether it be their own vehicle or a college vehicle, in the completion of their job (this must be an essential function of their job)? ____Yes ____No
 5. Is this position legally required to have a professional license, certificate or degree; the absence of which would expose the college to legal liability and/or adverse public reaction: ____Yes ____No
 6. Will this position have access to detailed personally identifiable information about alumni/donors, students/parents, and/or faculty/staff that might enable identity theft? ____Yes ____No
 7. Public Safety Department Only: Will this position have direct responsibility for public safety and security of humans, and personal, public or college property of a significant value? ____Yes ____No
- Specifically, does this position have access to *student educational records*? ____Yes ____No
- Do you have a request for a specific publication or publications where you wish this position advertised? If yes, please list.

Who will lead the interview process? _____

Will a search committee be formed for this position? ____Yes ____No

If yes, who are the recommended members? _____

In reference to this position, check all that apply: (see reverse side of this form for descriptions) (office use: to OH&S: _____)

_____ Employee Right-to-Know	_____ Respirator Training	_____ Fire Safety
_____ Blood Borne Pathogens	_____ Scissor Lift/Fork Lift	_____ Lifting and Ergonomics
_____ Machine and Equip. Safety	_____ Personal Protective Equipment	_____ Lock Out/Tag Out

Comments: (any special requirements, such as travel, licensing, lifting, etc.) _____

***If you wish to include your e-mail address in ad, please provide:** _____

***If you wish to include your fax number in ad, please provide:** _____

Approval:	_____	Date: ____/____/____
	Department Head Signature	
Approval:	_____	Date: ____/____/____
	Supervisor of Department Head Signature	
Approval:	_____	Date: ____/____/____
	President's Signature (if expansion position)	
Approval:	_____	Date: ____/____/____
	Sr. Dir., Finance (if expansion position and/or if outside budget)	
Approval:	_____	Date: ____/____/____
	VP of Administration Signature	

SAFETY EDUCATION

Employee Right-to-Know:

Faculty or Staff that have contact with hazardous chemicals or wastes.

Blood Borne Pathogens:

Faculty of Staff that may have contact with blood or body fluids.

Personal Protective Equipment:

Faculty of Staff that work in situations that require respirators, eye and face protection, gloves, foot protection, other protective equipment.

Lifting and Ergonomics:

Faculty or Staff that have to lift over 20# on a routine basis, positions that require repetitive motion, office-related positions that may require static position.

Respirator Training:

Faculty or Staff that work in situations that require respirator protection from chemicals or harmful fumes, dusts, or gasses.

Lock Out/Tag Out:

Faculty of Staff that work with energized equipment that must be locked out to assure safety during maintenance or repair.

Scissor Lift/Fork Lift:

Faculty or Staff that will operate the scissor lift or fork lift.

Machine and Equipment Safety:

Faculty or Staff that will operate machinery or equipment as part of their job that has the potential of causing injury.

Fire Safety:

Faculty or Staff that require knowledge of fire extinguishment as part of their job.