

Request for Hiring/Position Upgrade/Salary Adjustment Form - Non-Faculty Employees

OVERVIEW					
All requests to hire non-faculty empl Resources. (For faculty recruitment,					
	POSITION	INFORMATION			
<u></u>	_				
Replacement (employee name and ID#)					
☐ Permanent Classified Full-Time Position ☐ Temporary (Hourly Appointment)					
	☐ Temporary (Fixed Duration Appointment)				
☐ Permanent Unclassified Full-Time	Position ☐ Research Part-time (Hrly <40hr/wk; no AUS visa)				
☐ Research Temporary (40hr/wk; no AUS visa; max 6m)					
Position Title:	Position No:		Position's Supervi	isor:	
College/Department:	Grade (Current)	ade (Current):		Base Salary (Current):	
Duration of Contract:	Proposed Contract Start Date:		Proposed Contract End Date:		
For Temporary / Part-time Positi	ons only:				
Pay Cycle: Hourly Monthly	Pay Rate: AED				
PROPOSED FUNDING SOURCE					
From where and by which means will the position be sourced (i.e., new funding or reallocation of resources, etc.)? Please explain.					
EVALUATION STATEMENT Explain why this request is essential to operations.					
Explain why this request is esser	itiai to operation	5.			
Explain the negative impacts, if any, if this position/adjustment is not approved.					
Describe alternative options to filling/upgrading/adjusting this position. Can the functions be distributed within the operating unit? If not, why not?					
For New Hire/Replacement: (Required before submission to HR)	☐ Job D	☐ Job Description Attached ☐ Completed JAQ Attached			
For Position Upgrade/Salary Adjustment: Employee's CV Attached Copy of Existing JAQ and JD Attached Revised JAQ and JD Attached					
Hiring Manager					
Name	Signature			Date	



For Budget Office use only:	For Budget Office use only:						
Confirmed budget available for position:	ED	For research positions	only:				
		Account -					
Budget Confirmed:	Prog -						
(NB. If replacement, budget as of last working year, May 31) Comments:	day until end of financial	Fund -					
Name	Signature		Date				
For Human Resources use only:							
Recommendations: (Grade and Salary Scale)							
UNCL / Grade () Min:	Mid: Max:						
			J				
Executive Director of Human Resources	Signature		Date				
APPROVAL							
1. Department Director / Head of Department / Dean							
☐ Approved. I have reviewed this request and agree that filling this position is authorized.							
☐ Not Approved. Reason(s):							
Name	Signature		Date				
2. Hiring Committee Approval Date:							