



CABINET RECOMMENDATION

Cabinet Meeting Date: _____

Title: _____

Number of vacant Positions _____

Position Type _____

Work Schedule _____

Campus Site _____

Building/Room Number: _____

Months Worked _____

Search Type _____

Posting Time: 1wk (internal only) ☐ 2wks ☐ Other ☐ _____

Hiring Authority: _____

Hiring Manager: _____

Include on Committee ☐

Screening Committee Members: _____

GRANT APPROVALS

☐ If Grant Position we need a full grant attached

☐ IERG OFFICE – Approval/Signature: _____

JUSTIFICATION

☐ New Position

☐ Replacement Backfill / Name of the Incumbent: _____

☐ Promotion - Effective Date: _____ (next pay period cycle following approval)

☐ Temporary Appointment Effective Start Date: _____ End Date: _____

☐ Interim Appointment Effective Start Date: _____ End Date: _____

POSITION - FUNDING INFORMATION

☐ Using existing money from same full-time vacant position: _____ %

☐ Additional GL if split funding: _____ % _____ %

☐ New Position _____ %

☐ Additional GL if split funding: _____ % _____ %

☐ Business Services Approval/Signature (if a new funding source is needed): _____

☐ Bus. Serv. Notes: _____

Additional Comments/Include Budget Consideration:

Prepared by: _____

Prerequisite for Submission

☐ Human Resources review and confirmed updated Job Description attached

Human Resources Signature: _____

APPROVAL STATUS



Cabinet Notes:

DATE: _____

**Dr. Daniel P. Corr, President
Cabinet Designee**