

Wilberforce University

Request for Appointment

Please type or print all requests.

Date of request: _____

Requestor: _____

Date request received in HR: _____

Name: _____

Supervisor's Name: _____

Sex: Male ___ Female ___

Position Title: _____

Dean's Signature: _____

Department: _____

If request is for a faculty position please answer the following:

Will the person have tenure? Yes _____ No _____

What is the rank: Adjunct ___ Instructor ___ Asst. Prof. ___ Professor ___

Classes Taught w/Credit and Contact Hrs:

Financial Information

If this is a grant position, is a letter of approval from supervisor indicating the time requirements/allocations for both grant and current positions attached? Approval attached: (circle one) Yes No

If this position/function is covered by multiple employees, is the manpower requirements analysis attached? (circle one) Yes No

If this request is for a current employee please indicate their current salary:

Does employee require computer or internet access? (circle one) Yes No

Will this employee be driving a University vehicle? (circle one) Yes No

If the employee will be paid from more than one account number please indicate in the space provided. (The account number has fourteen digits)

Salary: _____ Department No. _____ Account No. _____

Proposed Start Date: _____ Start Date: _____ End Date: _____

Salary: _____ Department No. _____ Account No. _____

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Salary: _____ Department No. _____ Account No. _____

Proposed Start Date: _____ Start Date: _____ End Date: _____

Totals: _____

APPROVALS:

Division Vice President

Date

Human Resources

Date

Controller

Date

Vice President Admin & Financial Affairs

Date

President/President's Office

Date

Special Instructions