

# Clemson University Request to Recruit or Fill Position Approval Form

Action(s): <input type="checkbox"/> Recruit	<input type="checkbox"/> Change in FTE	<input type="checkbox"/> Title Change
Emp Status: <input type="checkbox"/> Faculty	<input type="checkbox"/> Classified	<input type="checkbox"/> Other Unclassified

Please check if any PSA funding is involved . Additional approval may be required.

Current Dept/Pos # \_\_\_\_\_ FTE \_\_\_\_\_ Title Code \_\_\_\_\_

Requested: FTE \_\_\_\_\_ Title Code \_\_\_\_\_

Projected Hire Date: \_\_\_\_\_

Approvals: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Human Res. \_\_\_\_\_ Pos # Assigned, if Applicable \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Req# Assigned, if Applicable \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> New Hire	<input type="checkbox"/> Waiver Attached	<input type="checkbox"/> Hire Above Minimum
<input type="checkbox"/> Assignment to New Position		<input type="checkbox"/> Inter-Agency Transfer

Requisition Number: \_\_\_\_\_

Name: \_\_\_\_\_ SSN or Emp ID: \_\_\_\_\_ Dept/Pos No: \_\_\_\_\_

Current Title: \_\_\_\_\_ Class/Slot: \_\_\_\_\_ Band/Level: \_\_\_\_\_

New Title: \_\_\_\_\_ Dept/Pos \_\_\_\_\_ Class: \_\_\_\_\_ Bd/Lvl: \_\_\_\_\_

Minimum \$ \_\_\_\_\_ Hiring Rate \$ \_\_\_\_\_ Midpoint \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

Current Base Salary: \$ \_\_\_\_\_ Requested Base Salary: \$ \_\_\_\_\_

**Base salary is salary excluding longevity pay, shift incentive, temporary adjustments, etc.**

% Above Current Base Salary \_\_\_\_\_ % Above Hiring Rate \_\_\_\_\_

Justification: (If inter-agency transfer, please include agency from which transferring).

Attachments: Application  Supporting Documentation

Position Description  Organizational Chart

Authorized Signature (s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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**To be completed by the Classification, Compensation, and Recruitment Unit**  
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Approved:  Amount Approved: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_ Disapproved:

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HR Authorized Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

State OHR Approval, if applicable \_\_\_\_\_ Date: \_\_\_\_\_