Angelo State University
Staff Recommendation for Hire

Last Name	First Name	MI	Campus ID#

Action Type (Please Mark Applicable Box)

New Hire

☐ Full-Time ☐ Part-Time ☐ Transfer ☐ Other (Explain Below)

TO

Department Name	Job Title	Job Code	FTE	☐ Classified ☐ Unclassified

Pay Grade	Annual Salary or Hourly Rate (Temp)	Pos. No.	Account Name/Number	% Salary By Acct	Term	Effective Date

FROM

Department Name	Job Title	Job Code	FTE	☐ Classified ☐ Unclassified

Pay Grade	Annual Salary or Hourly Rate (Temp)	Pos. No.	Account Name/Number	% Salary By Acct	Term	Effective Date

Justification/Explanation:

Approved By:

1. _____
   Department Head **Date**

2. _____
   Dean or Administrative Head (if applicable) **Date**

3. _____
   Vice President or Provost Office **Date**

4. _____
   Office of Human Resources **Date**

5. _____
   Associate Vice President for Finance **Date**

6. _____
   President (if applicable) **Date**

Original to Human Resources

Copy to: ☐ President ☐ Vice President for Finance ☐ Vice President (if applicable) ☐ Dean/Admin Head (if applicable) ☐ Department

PAF I (09/09)