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)