Clear Form

Date: _____ **UW-STOUT CIVIL SERVICE** No. _____

**PERMANENT POSITION RECRUITMENT APPROVAL FORM** (By Div. Admin.)

Position Supervisor: _____ _____ _____

Name Department Campus Phone

**PLEASE COMPLETE THE APPROPRIATE SECTION BELOW:**

| | | | | |
|---|---|---|---|---|
| New position in Budget: (Check One) | Yes ☐ No ☐ | | Replacement for: | |
| Position FTE in Budget: | _____ % | | Termination Date: | |
| Academic Year Position: (Check One) | Yes ☐ No ☐ | | Requested Classification: | |
| Normal work shift: | | | | |
| Special skills/requirements: | | | | |

***A COMPLETED POSITION DESCRIPTION FORM MUST BE SUBMITTED ALONG WITH THIS REQUEST FOR ANY NEW POSITIONS OR IF REFILLING A VACANT POSITION.***

| | | | | | |
|---|---|---|---|---|---|
| Increase in FTE? | Yes ☐ | % of Increase: | | Desired Effective Date: | |
| Where is increase coming from: | | | | | |
| Incumbent's Name: | | | | | |
| Classification: | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Decrease in FTE? | Yes ☐ | % of Decrease: | | Desired Effective Date: | |
| Incumbent's Name: | | | | | |
| Classification: | | | | | |

Account(s) to be charged: _____% - _____ _____% - _____

_____% - _____ _____% - _____

Please call Human Resources (ext. 2438) for estimated Biweekly Salary: $ _____

**SIGNATURE APPROVALS:** *(All approvals **must be obtained** before Human Resources will process.)*

Department Chair/Account Administrator _____ Date _____

Dean/Director _____ Date _____

Provost/Vice Chancellor/Chancellor _____ Date _____

**HUMAN RESOURCES ACTION**

_____ _____ _____ _____

Person Employed Classification Beg. Date Beg. Salary (biweekly)

*Form 023-0018 (REV 9/01)* Cost Current Fiscal Year $_____