

This form is a helpful resource to assist campus departments as they seek internal department approvals to progress the staff recruitment process. This form is not required by central HR to initiate recruitment.

Recruitment Information				
Appointment Type:	Number of Position		ns:	1
Department:		Department Code:		
Proposed Payroll Title:		Proposed Title Cod	e:	
Proposed Working Title:				
Salary Grade:		Salary (min to mid	point):	
Supervisor:	Name:	Title:	Email	:
Post on the UCI Job Site?	Yes	No		
Recruitment Type:	☐ Internal ☐	External		
Position Type:	☐ New ☐ Replacement – Employee being replaced:			
When did the last person leave this position?				
Person Submitting Request:	Name:	Phone:	Email:	:
Impact on department if position is not filled:				
Funding - Appointment				
Account: Fund:	Sub: P	roject Code:	Appt %:	FTE:
Account: Fund:	Sub: P	roject Code:	Appt %:	FTE:
Background Check KFS #	IR -			
Funding Authorization:	Name:	Signature:		Date:
Authorizations (signatures below represent authorization to move forward in the recruitment process)				
Hiring Department/Manager:		Date:		
Department Head:		Date:		
Vice Chancellor/Dean:		Date:		
(or Equivalent/Delegate)				