THE UNIVERSITY OF ARIZONA | College of Medicine Financial Affairs

Date Form Created:

Request to Hire a New Employee

1. Position:
   - ◉ Appointed - UA Careers #:
   - ○ Classified Staff - UA Careers #:
   - ○ Student
   - ○ Graduate Assistant/Associate
   - ○ Non-Competitive - Classified
   - ○ Non-Competitive - Appointed

   **Non-competitive requires prior approval of justification. Please contact Richard Chavez.*

2. Department Number:
3. Sub-Unit Name:
4. Supervisor's Full Name:
5. Supervisor's E-mail:
6. Supervisor's Telephone:
7. Time Approver:

New Employee Information

Please provide the following information about your new employee.

8. Full name: (First, MI, Last)
9. Position Title:
10. Job Category:
    - ◉ Permanent
    - ○ Temporary *(less than 3 months)*
    - ○ Extended Temporary *(6 to 24 months)*
    - ○ Supplemental Compensation
    - ○ Other Professional Services
11. FTE/Hours Per Week:
12. Salary:
13. Start Date: *(Should be beginning of pay period.)*
14. End Date: *(If Applicable) REQUIRED for Supp. Comp.*
15. Is new employee currently employed at any other department in the University of Arizona?
    - ○ Yes ○ No

    If yes, name of the Department:

    Employee ID#:
16. Funding Source(s) (Account numbers) + % of each:
17. Will this Employee be a Time Approver?
    - ○ Yes ○ No
18. Where will the New Employee be Working?
    a. Office/Room Number:
    b. Building Number:
    c. Office/Area Telephone:
    d. PO Box:
19. Has the salary or funding source changed from the original Request to Recruit form?
    - ○ Yes - Acquire Signatures Below
    - ○ No - Form Complete *(no signatures required)*

Signature: _____
Deputy Dean Date

Signature: _____
Pam Ray, Assistant Dean, Financial Affairs Date

Signature: _____
Judy DiMarco, PhD, Chief of Staff/Deputy Dean, Administrative Affairs Date

Questions? If you have questions regarding this form please call Richard Chavez 626-5533.

Rev. 11/02/16