

APPROVAL FORM

Instructions:

- 1) Submit this form upon reaching the decision to recommend (1st, 2nd, and 3rd choice) candidate for employment.
- 2) Because of legal ramifications, **no offers of employment shall be extended prior to the return of this form signed by the Provost.**
- 3) A copy of the offer and acceptance of employment letter(s) shall be forwarded to OEO.

1. Title _____ New Position Replacement
2. Please identify the type of vacancy that is being filled.
 Full-time faculty Part-time faculty Interim/acting Academic Administrative Other
3. Department _____ School/College _____
4. Person being replaced _____
5. The position will be offered to the following candidates in the order listed:
 (1st) Name _____ Salary _____ Race _____ Gender _____
 (2rd) Name _____ Salary _____ Race _____ Gender _____
 (3rd) Name _____ Salary _____ Race _____ Gender _____
6. Date when employee will begin work _____
7. Service Basis:
 9 months Regular Years toward tenure _____
 12 months Non-Regular FTE _____

8. Profile of Applicants:

Total.....	Females	Gender Unknown.....	African Americans.....	Other Minorities	Race Unknown.....
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Short List:

Total.....	Females	Gender Unknown.....	African Americans.....	Other Minorities	Race Unknown.....
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Interviewed:

Total.....	Females	Gender Unknown.....	African Americans.....	Other Minorities	Race Unknown.....
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AUTHORIZATION SIGNATURES

Dept. Chair	Date.....
Dean	Date.....
Director of OEO	Date.....
Provost or Chancellor.....	Date.....