

University of North Texas
Office of the Provost and Vice President for Academic Affairs
Faculty Recruitment & Selection Request Form (VPAA- 130)

Requisition # (assigned by Provost): _____

Date: _____ Phone: _____

Prepared by: _____

revised 12/8/08

Section 1: Request for Authority to Initiate Search/Extend Appointment

New Position Replacement for: (Name & Rank) _____ who terminated on (Date): _____

Extend Recruitment of Req. #: _____ Other: _____

Extend Appointment for (Name & Rank): _____ (complete Section 1 only)

Please provide a justification for the search (attach additional information if necessary)

Position Number (leave blank if new position): _____ **Base Dept #:** _____ **Department:** _____

Title/Rank: Professor Associate Assistant Visiting: _____ Librarian _____ Other: _____

Principal Lecturer Senior Lecturer Lecturer **Term Limits:** One Year Multiple Year: ____ (# of years)

Appointment Term: 9 months 4.5 months Other: _____ **FTE:** _____ **Probationary Years:** _____

Building/Room #: **Office** _____ **Lab** _____ **Expected Workload for First Year:** Teaching: ____ % Res/Sch: ____ % Svc: ____ %

Recruitment Start Date: _____ **Search Type:** National State Local **Anticipated Hire Date:** _____

Current Budgeted Salary: \$ _____ **Requested Salary:** \$ _____ **Net Budget Change:** \$ _____

Source(s) with Amount for Budget Increase: _____

Expected Commitments: (NOTE: All commitments are the responsibility of the college/school unless otherwise indicated and approved.)

#	Commitment Type (e.g. Start-up, Moving, etc.)	Details / Description	Estimated Amount	Deptid / Projid	Provost Support Needed?	If Yes, Amount?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	

APPROVED?

Yes No

Yes No

Yes No

Chair's
Signature/Date: _____

Dean's
Signature/Date: _____

Provost's
Signature/ Date: _____

Comments

Section 2: Request for Authority to Extend Offer of Appointment

Name: _____

Social Security Number: _____

Date of Birth: _____

Is English the primary language? Yes No (if not, consult Policy 15.1.31.1)

Ethnicity: White Black Hispanic Asian/Pacific Islander American Indian Other **Gender:** Female Male

Address: _____ **City, State, Zip** _____

CIP Code: _____ **Citizenship Status:** U.S. Citizen Permanent Resident Non-Resident: Visa Type _____

To be assigned by Provost Office

EMPLID: _____

EUID: _____

Must activate EUID & set password at <https://ams.unt.edu>

Degree	Institution	Date

Personnel Data Materials Attached:

- Personal and professional vitae
- Transcripts showing degrees granted
- Offer letter

Please indicate any conditions of the offer that are different from Section 1 and the source of funds if applicable (attach additional information if necessary)

APPROVALS: I certify that the evaluation process and hiring action was done in compliance with university policies and procedures and equal opportunity guidelines.

Chair's Signature _____

Date _____

Dean's Signature _____

Date _____

Provost's Signature _____

Date _____