

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION
HIRE AUTHORIZATION FORM**

No: _____

Filled by: _____

For a new/revised position, a job description must be attached.

FROM: (Department) _____

OFFICIAL JOB TITLE: _____ WORKING JOB TITLE: _____

RATE OF PAY: _____ DEPARTMENT: _____ PS DEPT ID: _____
(Name)

NEW POSITION: _____ REPLACEMENT FOR (if applicable): _____ OTHER: _____

EFFECTIVE DATE OF POSITION: _____ NO. OF OPENINGS FOR THIS POSITION: _____

ENDING DATE OF POSITION: _____

FULL TIME: _____ PART TIME: _____ NO. OF HRS/WK: _____ FTE: _____
(Decimal)

SHIFT: DAY: _____ SWING: _____ NIGHT: _____
(4 or more hrs. between 6 p.m. and midnight) (4 or more hrs between 12 a.m. and 6 a.m.)

IS THIS A FEDERAL CONTRACT? Yes _____ No _____ CAMPUS MAIL STOP FOR NEW POSITION: _____

_____	_____	_____
FUND (Required)	PROGRAM (If applicable)	PROJECT/GRANT (If applicable)

BILL TO: (If reimbursed from Stateside funds, please provide this information):

_____	_____	_____	_____
PS DEPT ID (Required)	FUND (Required)	PROGRAM (Required)	PROJECT/GRANT (Required)

POSITION REPORTS TO: _____ (Appropriate Administrator) _____ (Working Title)

----- APPROVALS -----

(Signature) Appropriate Administrator Date

(Signature) Cabinet Officer Date

(Signature) Grants, Research, Sponsored Programs (if required) Date

ON-CAMPUS ONLY/NO ADVERTISING _____	
ADVERTISING PUBLICATIONS: _____	
PRO CARD # _____	EXP. DATE: _____
NAME ON THE CARD: _____	Maximum Expense Authorized: \$ _____

For questions, please contact HR at ext. 2266.

For HR use only:	
AD ID# _____	Run Date(s): _____
Cost: \$ _____	
FLSA Status: _____	Exempt _____ Nonexempt _____
Fingerprinting Required: _____	Yes _____ No _____