

**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: _____

PERMANENT: TEMPORARY: ENDING DATE: _____

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 State side funds, please provide this information):

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

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

----- APPROVALS -----

NOTE: All permanent and temporary positions beyond 90 days require the President's approval.

(Signature/Date) Appropriate Administrator

(Signature/Date) President

(Signature/Date) Cabinet Officer

(Signature/Date) GRASP (if required)

ON-CAMPUS RECRUITMENT 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 # _____	Run Date(s): _____	Cost: \$ _____
FLSA Status: ___ Exempt ___ Non-Exempt		
Fingerprinting required: ___ Yes ___ No		