

**UNIVERSITY OF WEST GEORGIA Authorization
for Employment or Change of Status-Full Time**

College/Division: _____

Department: _____

Applicant Name: _____

Proposed Rank/Title: _____ CIP Code _____

Proposed Appointment Date: _____

Proposed Probationary Credit for Tenure: Amount _____ Institution (s) _____

Agreement Regarding Completion of Degrees: _____

Applicant:

Is Related to a Current University of West Georgia Employee Yes No

Is Conversant in English Yes No

Highest Degree Has Been Verified Yes No

Retired from the University System of Georgia Yes No

If yes, please specify retirement company _____ Date of Retirement _____

TRS Approved No Yes If yes, date of approval _____

Critical Hire Application Approved _____

Relocation Funding Amount (if applicable) _____ Source of Funding for Relocation _____

Funding:

New Position

Replacement Position replacing _____

Budget:

Department _____ **Fund Code** _____ **Position Number** _____ **Amount** _____

Proposed: E.F.T. _____ **Salary** _____

Funding Available: Yes No

Director of Budget and Research

Date

Comments

Summary Paragraph: To submit as recommendation to the Board of Regents include Education: Degrees, Major, Institutions, Dates; Experience; Additional Comments: Recommendations, Special qualifications (required if applicant has less than 18 credit hours graduate work in teaching field); use reverse if needed. If Part-time, please include the course(s) that will be taught.

Approvals: Do Not Offer Conditional Employment or Change of Status until all approvals are obtained.

Department Chairman

Date

Comments

Dean/Director

Date

Comments

Vice President for Academic Affairs

Date

Comments

President

Date

Comments