

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: _____

Position Number _____ Home Department _____ Fund Code _____ Proposed: E.F.T. _____

Salary _____ Reviewed by Provost Budget _____

Funding Available: Yes No

Budget Services	Date	Comments
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Summary Paragraph: 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.

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

_____	_____	_____
Department Chair	Date	Comments

_____	_____	_____
Dean/Director	Date	Comments

_____	_____	_____
Provost and Vice President for Academic Affairs	Date	Comments