



Department Name(s): \_\_\_\_\_  
Department Number(s): \_\_\_\_\_  
College Division(s): \_\_\_\_\_

Add      Update      Delete      Other      Dept Authorized Approver      College/VP Authorized Approver

Department/College/VP Representative Information

Name: \_\_\_\_\_ Emplid: \_\_\_\_\_  
*Last, First MI*

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty/Appointed Personnel:**      Dept Required      College/VP Required  
Hiring Forms  
PAF-Additional Jobs  
Other Professional Services Form (OPS)  
Supplemental Compensation  
Leaves/Sabbaticals

**University Staff:**      Dept Required      College/VP Required  
Hiring Forms  
PAF-Additional Jobs  
Other Professional Services Form (OPS)  
Supplemental Compensation  
Leaves

**Classified Staff:**      Dept Required      College/VP Required  
PAF-Additional Jobs  
Supplemental Compensation  
Leaves

**Graduate Assistant/Associate:**      Dept Required      College/VP Required  
PAF-Additional Jobs  
Supplemental Compensation

**Student Employee:**      Dept Required      College/VP Required  
Hiring Forms

Approval Information/Signature

Dept Head/Director Name: \_\_\_\_\_ Email: \_\_\_\_\_  
*Last, First MI*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/VP Name: \_\_\_\_\_ Email: \_\_\_\_\_  
*Last, First MI*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_