

OKLAHOMA STATE UNIVERSITY INSTITUTE OF TECHNOLOGY

**RECOMMENDATION FOR CHANGE IN STAFF NO ACTION
WILL BE TAKEN UNTIL THIS FORM HAS BEEN COMPLETED AND APPROVED**

NAME _____ CWID _____
(FULL LEGAL)

PRESENT POSITION _____
Present Salary: Monthly: _____
Annually: _____
Hourly: _____

TO THE POSITION OF _____
OCCUPATION CODE # _____ DEPARTMENT NAME _____
BUDGET ACCOUNT TO CHARGE AD- _____
BEGIN DATE _____ END DATE _____
WORK WEEK _____ Hours
RECOMMENDED SALARY: Monthly: _____ Annually: _____ Hourly: _____
APPOINTMENT IS FOR _____ MONTHS PER YEAR

REPLACEMENT Yes No For Whom? _____

If not replacement, justify need for additional personnel, or personnel change.

(Check applicable items)

New Appointment Reappointment Continuing Promotion Transfer

Institutional Student Full Time Part Time Temporary

Change in Title Salary Adjustment Change in Fund Distribution Transfer from wage

Attach recruitment report and transcripts (if applicable).

Hiring Supervisor

Today's Date

Approving Administrator

Today's Date