

# REQUEST TO OFFER & APPOINT

## FULL-TIME EMPLOYMENT APPOINTMENTS

### CANDIDATE/EMPLOYEE INFORMATION

Legal Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
LAST NAME FIRST NAME MI  
 Preferred Name: \_\_\_\_\_ Last Four SSN: \_\_\_\_\_ or SF ID #: \_\_\_\_\_  
 Work Location-Campus: \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Division: \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Supervisor SF ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

### SALARY SCHEDULE CLASSIFICATION/JOB INFORMATION

In the space provided, enter the position title & number associated with this employment appointment, as well as desired date of hire.

**Position Title:** \_\_\_\_\_ **Position #:** \_\_\_\_\_ **Proposed Start Date:** \_\_\_\_\_

From the drop-down menus below, select the applicable job classification information that apply to this employment appointment. Pay Grade is only applicable to the following: Career Service, Technical/Professional, Executive/Managerial & Information Technology Personnel. Faculty Group & Rank is applicable to Instructional positions only.

**Classification:** \_\_\_\_\_ **Pay Grade:** \_\_\_\_\_ **Faculty Group:** \_\_\_\_\_ **Faculty Rank:** \_\_\_\_\_

**Appointment Considerations-** Check all special considerations that apply to this appointment of employment.

- Interim  Re-Appointment-Interim  Change/Transfer  Change/Restructure  Promotional  Lateral  Supervisory  
 Grant Funded  Reduced Contract @ \_\_\_\_\_  Continuing Contract (Tenure Track)  Critical Need Stipend  
 Summer Instructional Duties Required (# of credit hrs \_\_\_\_\_)  Salary per Credit Hour Summer Instructional Rate (# of credit hrs \_\_\_\_\_)

**Comments:** \_\_\_\_\_

### REQUIRED QUALIFICATION JUSTIFICATION

List the minimum qualifications of this position as per the position description & confirm how the candidate meets these qualifications to validate this request for employment. Verification of required qualifications by the hiring department is *mandatory* to justify initial placement. Initial placement is at the minimum of the salary range unless steps are applicable as per the SF Salary Schedule.

**Required Education**

Degree- \_\_\_\_\_  Certification- \_\_\_\_\_  Licensure- \_\_\_\_\_

**Relevant Work Experience Required**

Employer _____	Job Title/Duties _____	Dates _____
Employer _____	Job Title/Duties _____	Dates _____
Employer _____	Job Title/Duties _____	Dates _____
Employer _____	Job Title/Duties _____	Dates _____

**Other Job Requirements-** Specified by the position vacancy announcement and the position description. (i.e.: College Driving requirements, Licensure/Certification within a specified date, Bi-lingual)

### STEP JUSTIFICATION

Step justification is not applicable to Career Service Pay Grades A-G. In accordance with the SF Salary Schedule, steps may be awarded for education and/or experience in excess of the required qualifications. Faculty salary calculations are determined by the Faculty Salary Worksheet.

If applicable, list the qualifications beyond the minimum required to justify pay above the base for this position.

**Education Beyond Required**

Degree- \_\_\_\_\_  Certification- \_\_\_\_\_  Licensure- \_\_\_\_\_ Step(s): \_\_\_\_\_

**Related Work Experience Beyond Required**

Employer _____	Job Title/Duties _____	Dates _____	Step(s): _____
Employer _____	Job Title/Duties _____	Dates _____	Step(s): _____

## STEP JUSTIFICATION CONTINUED

### Related Work Experience Beyond Required

Employer \_\_\_\_\_ Job Title/Duties \_\_\_\_\_ Dates \_\_\_\_\_ Step(s): \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title/Duties \_\_\_\_\_ Dates \_\_\_\_\_ Step(s): \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title/Duties \_\_\_\_\_ Dates \_\_\_\_\_ Step(s): \_\_\_\_\_

*Comments regarding the justification of steps:*

## SALARY REQUEST

Work experience, references, official transcripts, certification, and licensure must be verified by the Budget Authority prior to the determination of pay and the extension of employment offers. Completion of this salary request confirms that all required verifications have been completed.

Base Salary \$ \_\_\_\_\_ plus \_\_\_\_\_ number of steps worth \$ \_\_\_\_\_ = **Salary Requested** \$ \_\_\_\_\_  
*The Budget Authority signature within Required Approval Signatures confirms verification.*

## FUNDING SOURCES

Name of Department: \_\_\_\_\_ Department #: \_\_\_\_\_ Fund % \_\_\_\_\_  
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## FOR FINANCE/HUMAN RESOURCES USE ONLY

Verify the information related to this appointment for employment.

**Position Title:** \_\_\_\_\_ **Position #:** \_\_\_\_\_ **GLC:** \_\_\_\_\_ **S.O.C.:** \_\_\_\_\_

Comments:

Indicate any special considerations that apply to grant funded positions below:

Validate the accuracy of the salary request below.

**Salary Request has been**  verified & approved or  verified & adjusted-Adjusted Salary \$ \_\_\_\_\_

Rationale for salary adjustment:

**Salary Adjustment Notification & Approval** – Attach documentation to form.

Notified via e-mail:  Budget Authority on: \_\_\_\_\_  AVP on: \_\_\_\_\_  VP on: \_\_\_\_\_

Adjustment Approvals:  Budget Authority on: \_\_\_\_\_  AVP on: \_\_\_\_\_  VP on: \_\_\_\_\_

## REQUIRED APPROVAL SIGNATURES

*All applicable authorities must review, authorize and approve this request prior to the extension of any employment offers.*

**Budget Authority** \_\_\_\_\_ Date: \_\_\_\_\_

(If Applicable) **Assoc. Vice President** \_\_\_\_\_ Date: \_\_\_\_\_

**Vice President** \_\_\_\_\_ Date: \_\_\_\_\_

**HR Authority** \_\_\_\_\_ Date: \_\_\_\_\_

**Finance Authority** \_\_\_\_\_ Date: \_\_\_\_\_

Request Rec'd by HR on: \_\_\_\_\_ Request Sent to Finance on: \_\_\_\_\_ Returned to HR on: \_\_\_\_\_ Offer Letter done: \_\_\_\_\_