

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

Job ID: _____ Applicant ID from Careers: _____ Hiring Manager Email: _____

Applicant Name: _____

Proposed Appointment Date: _____ Proposed Rank/Title: _____ CIP Code _____

College/School: _____ Department Name: _____

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

Agreement Regarding Completion of Degrees: _____

Applicant:

Is currently employed at another USG Institution Yes No

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 _____

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

Funding: Position Number _____ Salary _____ Contract Academic Fiscal
 Replacement Position Name _____ Date Separation Entered into MSS (if applicable) _____
 Home Department ID _____ Funding Department Chart String _____

Funding Approved Lucretia T. Gibbs, ASTVP, AA _____ Date _____

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); add attachment if needed.

Credentials Approved Suzanne Garrett., MFE Coordinator AA _____ Date _____

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 Senior Vice President for Academic Affairs	Date	Comments