

BLUEFIELD STATE UNIVERSITY
NEW HIRE SALARY & FUNDING SOURCE AUTHORIZATION FORM

(To be initiated by the Immediate Hiring Supervisor and used for “Regular” Faculty, Classified Staff, and Non-Classified Staff Positions, and for Visiting Faculty Positions)

To be completed by the Immediate Hiring Supervisor:

Vacancy/Position Title: (If Faculty position, Hiring Dean and Provost is to determine and specify Rank)	
Candidate/Finalist Name:	
Indicate Position Type: i.e. “Faculty,” “Classified Staff,” or “Nonclassified Staff”	
If Classified, indicate Paygrade:	
FLSA Exemption Status (“Exempt” or “Non-Exempt”)	
BSU Position Number:	
Position FTE (i.e. 1.00 FTE, .53 FTE):	
Salary to be Offered:	
Funding Source:	
Requested Start Date: (If Faculty position, provide contract start and end dates, i.e. (mm/dd/yyyy) to (mm/dd/yyyy))	
Previous Incumbent:	
JVA Number/Other Information (if any). Please be specific.	

APPROVALS - Please obtain required signatory approvals in the numerical sequence indicated.

 1. Immediate Hiring Supervisor Date

 2. Cabinet-Level Administrator or President Date

 3. Chief Financial Officer Date

For Human Resources & Payroll Use Only:

Date and Time Job Offer Extended	
Date Offer Accepted	
Employee Start Date	
Date Offer Declined. If declined, provide reason if known.	

HR/Payroll Additional Notes, if any: