

**BLUEFIELD STATE UNIVERSITY  
NEW HIRE SALARY & FUNDING SOURCE AUTHORIZATION FORM**

*(To be initiated by the Immediate Hiring Supervisor and used for "Regular" Faculty and Non-Classified Staff Positions Positions)*

**To be completed by the Immediate Hiring Supervisor: Complete ALL requested information below.**

Vacancy/Position Title: <b>(If Faculty position, Hiring Dean and Provost is to determine and specify Rank)</b>	
Candidate/Finalist Name <b>(as it appears on social security card)</b>	
Indicate Position Type: i.e. "Faculty," or "Nonclassified Staff"	
Faculty Appointments <b>(Tenure, Tenure-Track, Fixed Term)</b>	
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: <b>(If Faculty position, provide contract start and end dates, i.e. (mm/dd/yyyy) to(mm/dd/yyyy)</b>	
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 \_\_\_\_\_ 4. Chancellor \_\_\_\_\_

**Completed by Hiring Supervisor or Human Resources:**

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

**HR/Payroll Additional Notes, if any:**