



HIRING AUTHORIZATION FORM FOR NEW ICA ASSIGNMENTS

In order to authorize any ICA appointments all positions must be approved by the Office of Academic Affairs prior to a formal contract offer being made.

Forwarding Route: Division Chair > Office of Academic Affairs > Human Resources

Name of Candidate: _____

SIN: _____ **Date of Birth:** _____

Home Email: _____

| |
|------------------------------|
| Course Assignment #1: |
| Course Assignment #2: |

| | | |
|---------------------------|-----------------------|----------------------|
| Prior Assignments: | At Other Universities | Date: |
| Courses Taught: | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Other Teaching Experience at other colleges and universities:

Educational Qualifications: Attach CV

BFA PhD MFA MA
 Notes: (i.e. school attended and teaching evaluations) Previous Evaluation Records reviewed

Term of Contract:

Fall Winter Summer Session I Summer Session II
 Start Date: _____ End Date: _____

| References: Min 2 required | Phone: | | Date: |
|-----------------------------------|----------------------|----------------------------------|----------------------|
| Name(s): <input type="text"/> | <input type="text"/> | <input type="checkbox"/> checked | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> checked | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> checked | <input type="text"/> |

For Internal Use:

Salary:

ICA 1/2 course \$ _____ ICA 2 1/2 day courses \$ _____

Budget Account:

Department: _____ Budget Account #: _____

Submitted By: _____ Date: _____

Approval:

Provost / Dean: _____ Date: _____

