



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: _____

Course Assignment #1:
Course Assignment #2:

Prior Assignments:	At Other Universities	Date:
Courses Taught:		

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="checkbox"/> checked	
		<input type="checkbox"/> checked	
		<input type="checkbox"/> checked	

For Internal Use:

Salary:			
ICA ½ course	\$	ICA 2 ½ day courses	\$

Budget Account:

Department:	Budget Account #:
Submitted By:	Date:

Approval:

Provost / Dean:	Date:
-----------------	-------

Final Form cc: Division Chair, Dean