



PERSONNEL CONTRACT RECOMMENDATION
for employment

Supplemental	<input type="checkbox"/>
Revised	<input type="checkbox"/>
Overload	<input type="checkbox"/>
New	<input type="checkbox"/>

Mr. _____ PID: _____
 Mrs. _____
 Dr. _____

is hereby recommended to the President of the College to serve on the staff of: Position # _____

 (Dept / Office)

as _____ CRN # _____
 (Title)

at a salary of _____ Base Salary (if applicable) _____

for the period from _____ to _____

- SIGNATURE ROUTING - please forward to the NEXT IN LINE individual for signature -	
_____	_____
Unit Head and/or Department Chair	Date
_____	_____
Sr Administrative Officer	Date
_____	_____
Affirmative Action Officer	Date
_____	_____
Budget Director or Controller of Sponsored Programs	Date

CURRENT MAILING ADDRESS:

Address: _____

 Phone: _____
 Email: _____

FOR THIS POSITION STATUS:

Full-Time	<input type="checkbox"/>
Part-Time	<input type="checkbox"/>
Number of Credit Hours	_____
FTE	_____
Faculty - Probationary	<input type="checkbox"/>
Faculty - Terminal Sixth Year	<input type="checkbox"/>
Faculty - Tenured	<input type="checkbox"/>
Exempt / Faculty - Administrative	<input type="checkbox"/>
Exempt / Faculty - Temporary	<input type="checkbox"/>
Classified - Permanent	<input type="checkbox"/>
Classified - Temporary	<input type="checkbox"/>
Classified - Emergency	<input type="checkbox"/>
New Position	<input type="checkbox"/>
Replacement for:	<input type="checkbox"/>

REQUIRED!... PLEASE CHECK ONE for each question:

- Is this person...
 Student Colorado PERA Retired Neither
- Is this person eligible for insurance benefits?
 (more than .50 FTE) Yes No

Comments: _____

Account # _____

PCR Prepared by: _____

PLEASE ATTACH INFORMATION SHEET!!