



MILES COLLEGE

Request for Approval to Hire

Name:	Date:	
Job Title:		
Proposed Salary:	Start Date:	Department:

Applicant Information

Part-Time	Full-Time	Permanent	Temporary
Replacement	New Position	Hourly	Exempt Non Exempt

Education	BS/BA	MBA	MS/MA	Doctorate	Other
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Account Number	% of Time	\$ of Salary	Comments
		\$	
		\$	
		\$	
		\$	

Employment Adjustments	Faculty	Adjunct	Staff
Class Cancellations	Adjusted Class Load		
Original Class Load	# of Classes after Cancellation		
Adjusted Class Load	As of date:		
# Classes	Original Pay Rate \$	Adjusted Rate \$	

Comments:

Supervisor Signature

Date

Approval to Hire

Approved Salary	\$	Request Denied	Comment:
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Budget Officer

Date

Sr. VP for Finance and Administration

Date

President

Date