STAFF/ADMINISTRATIVE       To be used only if salary is within 5% of minimum of range         Candidate Recommended:	Imboldt State University APSHR <b>Confidential Form</b>	OFF	<u>ER OF APPOINTMENT</u> Form 5	Job #
Position:       Department:         Salary:       Time Base:       Pay Plan:       Date(s) Off:         Selary:       Dept. Chair/Lead:       Dept. Chair/Lead Title:       (ff 10/12 or 11/12 Pay Plan)         Dept. Chair/Lead:       Dept. Chair/Lead Title:       (ff 10/12 or 11/12 Pay Plan)         Appropriate Admin:       Appropriate Admin's Title:       (ff 10/12 or 11/12 Pay Plan)         Will employee supervise others?       YES       NO       (ff 10/12 or 11/12 Pay Plan)         Please notify the following people when the Appointment Letter has been signed and returned to APSHR:       Image: Email:       Image: Email:         Department Contact       Name:       Email:       Image: Email:	Comidential Form	STA	FF/ADMINISTRATIVE	salary is within 5% of
Salary: Time Base: Pay Plan: Date(s) Off:   Dept. Chair/Lead: Dept. Chair/Lead Title: (/f 10/12 or 11/12 Pay Plan)   Appropriate Admin: Appropriate Admin's Title:   Will employee supervise others? YES NO   Please notify the following people when the Appointment Letter has been signed and returned to APSHR: Email:   Hiring Authority or Proxy Name: Email:   Department Contact Name: Email:	Candidate Recommended:	: 		Start Date:
Dept. Chair/Lead:      Appropriate Admin:   Appropriate Admin:   Will employee supervise others? YES   NO   Please notify the following people when the Appointment Letter has been signed and returned to APSHR:   Hiring Authority or Proxy   Name:   Department Contact   Name:   Email:	Position:		Department:	
Dept. Chair/Lead: Dept. Chair/Lead Title:   Appropriate Admin:   Appropriate Admin: Appropriate Admin's Title:   Will employee supervise others? YES   NO NO   Please notify the following people when the Appointment Letter has been signed and returned to APSHR:   Hiring Authority or Proxy Name:   Department Contact Name:   Email:   Email:	Salary:	Time Base:	Pay Plan:	Date(s) Off:
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Please notify the following people when the Appointment Letter has been signed and returned to APSHR:            Hiring Authority or Proxy         Name:         Department Contact         Name:         Email:         Email:	Appropriate Admin:		Appropriate Admir	n's Title:
Reason for selection and justification for higher salary up to 5% (if applicable)	Department Conta	act Name:	Email	:
	Reason for selection and ju	stification for higher salary u	p to 5% (if applicable)	

Hiring Authority (Person Making Hiring Decision)

Date