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| **email signed form to** [**RMD-Inquiry@usf.edu**](mailto:RMD-Inquiry@usf.edum)**,**  include “Initial Request” in subject line | | | | | | | | | | | | | | | | Student Success | | | | | | | | | | | | | | | | | | | | | |
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| **Hiring and Personnel Approval Form (HPAF)** | | | | | | | | | | | | | | | | **Funding Source** | | | | | | | | | Choose an item. | | | | | | | | | | | **Log #** | |
| Department Name & Number | | | | | | | | | Dept Name and number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Action | | | | | | Type of Action dropdown | | | | | | | | | | | | | | | | Appointment Type | | | | | | | | | | | | | | | |
| Appointment Title | | | Click or tap here to enter text. | | | | | | | | | | | | | Position number (Staff/Admin) | | | | | | | | | | | | | | | Enter Position number here | | | | | | |
| Supervisor Name/Pos#/EmpID: | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | Supv Position number | | | | | | | | | | | | | EmplID | | |
|  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | |
| **Hiring/Posting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Posting start Date: | | | Choose Posting Date | | | | | | | | |  | Posting Length | | | | | | How long do you want to keep the posting open? | | | | | | | | | | | | | | | | | | |
| **Student Appointments – Max 7 days and All others are Max 30 days** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date | | | Choose Start Date | | | | | | | | |  | Rate Type | | | | | | Enter Hourly, Annual Rate or Range here | | | | | | | | | | | | | | | | | | |
| End Date (if applicable) | | | Choose End Date here | | | | | | | | |  | Weekly Hours | | | | | | Enter Weekly Hours here | | | | | | | | | | | | | | | | | | |
| Number of openings | | | # of openings here | | | | | | | | |  | Attach posting description | | | | | | | | | | | | | | | | | | | | | | | | |
| Interviewer Name(s)/EmplID | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment Action** | | | | | | | | | | | | | | | | | **Job ID (if posted)** | | | | | | | | | | **Enter Job ID Here** | | | | | | | | | | |
| Employee Name | | Enter Employee Name here | | | | | | | | | | | | U# if applicable | | | | | | | | | EmplID# | | | | | | | Enter GEMS ID here | | | | | | | Rec# |
| Email Address | | Enter Employee email here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | Enter Employee permanent mailing address here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Salary/Hourly | | Enter Employee salary/hourly rate here | | | | | | | | | | | | | | | | | Start Date | | | | | | | Choose Requested Start Date | | | | | | | | | | | |
| Official Start date determined by DHR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate or SPI change? Choose an item. | | | | | | | | | | | Current $ Amt here | | | | | | | | New $ Amt here | | | | | | | | | Effective Date | | | | | | | | Appt Type | |
| Any rate change above $1 or more per hour must supply justification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Change of Weekly Hours | | | | | | | Current hrs | | | | | | New hrs | | | | | | | Effective Date | | | | | | | | | | | | | |  | | | |
| GA Appointment? | | | | | | Choose GA Appt Type | | | | | | | College | | | | | | | Program | | | | | | | | | | | | | |  | | | |
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| Notes:Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Budget Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount of Budget available for salary | | | | | | | | | | Enter Budget Amount here | | | | | | | | | | | GEMS Combo Code | | | | | | | | | | | | Enter combo here | | | | |
| **OpUnit** | **Fund** | | | **FAST Department Number** | | | | | | | | | | | **Product** | | | | | | | | | **Initiative** | | | | | | | | **Project** | | | | | |
| OpUnit | Fund | | | FAST Department Number | | | | | | | | | | | Product | | | | | | | | | Initiative | | | | | | | | Project | | | | | |
| Director signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | |
| AVP Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | |
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| Budget Initials | | | | | RMD Approval | | | | | | | | | | | | | VP Signature and Date | | | | | | | | | | | | | | | | | | | |