

SECTION II - CONTINUED – Provide details of how the identified source(s) of temporary/ongoing funding will be realized if applicable. Provide revenue and/or expense analysis/projections to show fiscal sustainability. Attach additional sheets if

SECTION III: PROPOSED RECRUITMENT PLAN – PENDING APPROVAL OF Section I & II

***All Emergency Hire and Search Waiver Requests Require EO/Affirmative Action Approval – Attach Respective Form**

Recruitment Type	Proposed Posting Duration	
<input type="checkbox"/> Promotional Opportunity (Internal only) <input type="checkbox"/> Open Competitive (Internal & External) <input type="checkbox"/> Emergency Hire * (Temp One-Year) <input type="checkbox"/> Search Waiver* (Ongoing Replacement) *Attach Emergency Hire or Search Waiver Form from www.isu.edu/aaction ; Not Applicable for Classified Positions.	Classified Staff Postings	Non-Classified Staff & Faculty Postings
	<input type="checkbox"/> 5 Bus. Days: Internal Promo <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Weeks <input type="checkbox"/> 4 Weeks Other: _____ <input type="checkbox"/> NA – Use Existing Classified Position Register (if available)	<input type="checkbox"/> 2 Weeks – Expedited Search (rare) <input type="checkbox"/> 30 Days – Expected Minimum <input type="checkbox"/> Open Until Filled <input type="checkbox"/> Other _____ <input type="checkbox"/> NA - Emer. Hire/Waiver Pending EO/AA Approval – Attach Form
Advertise a Salary Range: Yes/No Dept. Contact for	Index Code For Advertising Charges: _____	Priority Consideration Date (optional): _____
Advertising Sources (If Applicable)	List All Search Committee Members (If Committee Applicable)	
	Chair:	
Application Materials to Be Submitted	Special Posting Requests/Pre-Screening Questions or Other Notes	

SIGNATURE APPROVALS REQUESTING AUTHORIZATION TO HIRE AS PROPOSED

I recommend this hiring action be authorized as proposed as it is in the best business interest of the department/college, pending review of the availability of funds and subject to modification as needed by responsible offices.

Completed By Name:	Date:
Supervisor Name:	Signature:
Chair or Department Head Name:	Signature:
University Business Officer Name:	Signature:
Dean/AVP/Director Name:	Signature:
Vice President/Senior Executive Name:	Signature:

Upon completion, please forward to Human Resources, hr@isu.edu

HR APPROVALS FOR IMPLEMENTATION – FOR HR/BUDGET/EO/AA & DIVERSITY USE ONLY

Budget Confirmed Signature:	Date:
EO/AA Approval of Recruitment Plan:	Date:
HR Approval Signature:	Date:

NEW POSITIONS ONLY – CFO COMPLETION AND RETURN TO HR

New Position Authorized at Council of Vice Presidents Meeting	VP Meeting Date:
CFO Signature:	Date:

HR will inform all parties if requisition has been approved and next steps in the applicable hiring process. The proposed details of the position and recruitment plan may be approved, modified, or denied by the above responsible offices in accordance with the business needs of ISU and applicable policies and procedures. Requests for new positions require Presidential approval from Council of VPs Meeting.

Idaho State University Position Description Template

Suggested Title:

Department / College:

Primary Purpose: *(State in one or two sentences the primary purpose of this position.)*

Key Responsibilities: *(List the top 5 to 7 key responsibilities of this position in order of importance with estimates of % time spent on each responsibility per year.)*

Reports to: *(List this position's immediate supervisor and title.)*

Supervises: *(If this position supervises others, list the position(s) supervised and the total hours worked per week for each position supervised.)*

Suggested Minimum Qualifications: *(List the suggested minimum education, knowledge, skills, and abilities needed to perform this position.)*

Preferred Qualifications: *(List the preferred qualifications, advanced degree, specialized training/experience that the ideal candidate might possess.)*

Attach Updated Organizational Chart

This Section for the Office of Human Resources Use Only

FLSA Determination: _____

Date: _____