REQUEST TO HIRE

To request approval to initiate a new hire, complete this form and submit to jthibod3@lsue.edu.

EMPLOYEE INFORMATION

Employee's Full Name: _____

Phone Number: _____

Email Address: _____

Currently Employed at Another LSU Campus?
Yes ☐ No ☐
Agency Transfer? Yes ☐ No ☐

Highest Degree Earned: _____

Field of Study: _____

Institution: _____

Date of Birth: _____

SS Number: **Make arrangements to provide Social Security Number to your HR Analyst**

Years of Experience (as Required for Position):_____

Description of Relevant Experience/Qualifications for Position:

_____

_____

_____

_____

POSITION INFORMATION

Job Title: _____

Position: _____

Full time or
Part time_____# of hours; _____% effort

Work Shift (if applicable):_____

Job Family: _____

Position #: _____

Cost Center #: _____

Costing Allocation (PG)#: _____

Proposed Hire Date:_____End Date: _____
(if applicable)

COMPENSATION

Permanent Salary

Proposed Salary or Hourly Rate: _____

Note: Offered salary will be dependent on candidate credentials and experience.

Compensation Type: Academic - Adjunct

HIRING MANAGER

Name: _____

Phone:_____

Email _____

ADMINISTRATIVE APPROVALS

Division Head: _____ Date: _____

Vice Chancellor of Business Affairs: _____ Date: _____

Vice Chancellor of Academic Affairs: _____ Date: _____

Chancellor: _____ Date: _____