

**AUTHORIZATION FOR POSITION RECRUITMENT**

NOTE: All sections of this form must be completed before processing will begin.

TO: Human Resources

FROM: \_\_\_\_\_ DEPARTMENT HEAD APPROVAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Requested Position Type: \_\_\_\_Staff \_\_\_\_Classified \_\_\_\_Faculty \_\_\_\_ Exempt

a. Job Title: \_\_\_\_\_

Work Months:

b. MMA Position Code Number: \_\_\_\_\_ Pay Range \_\_\_\_\_ 10/12 (circle one)

Benefits Eligible? \_\_\_\_\_

c. Department Cost Center position assigned to: \_\_\_\_\_

d. Duration:

\_\_\_\_\_ Full-time, on going

\_\_\_\_\_ Full-time until \_\_\_\_\_ (ending date)

\_\_\_\_\_ Part-time \_\_\_\_\_ (hours per week)

\_\_\_\_\_ On-Call

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

2. Is this a replacement for a current MMA employee \_\_\_\_ YES \_\_\_\_ NO

If yes, who will this replace? \_\_\_\_\_

3. Date replaced employee off payroll? \_\_\_\_/\_\_\_\_/\_\_\_\_

Must this position be filled by a particular date? If so, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Complete for ALL positions (for assistance see Geoffrey Bellows/Diana Snapp)

a. Why is the position needed? \_\_\_\_\_

\_\_\_\_\_

b. Anticipated salary costs for this position (this fiscal year \_\_\_\_\_ and next fiscal year \_\_\_\_\_)

c. Source of funding to cover salary and benefit costs:

1. Available/Budgeted in this cost center: \$ \_\_\_\_\_

2. Available in another department cost center:

Department # \_\_\_\_\_ Amount \$ \_\_\_\_\_

(Attach appropriate Budget Transfer request form)

-----see reverse side of form-----

5. Proposed advertising plan:

- \_\_\_\_\_ MMA Internal Posting (required)
- \_\_\_\_\_ Bangor Daily News
- \_\_\_\_\_ Castine Patriot
- \_\_\_\_\_ OTHER: \_\_\_\_\_  
\_\_\_\_\_

6. Specific considerations, requirements, conditions proposed to be included in posting/advertisement for applicants:

\_\_\_\_\_  
\_\_\_\_\_

7. Proposed selection process:

- \_\_\_\_\_ Supervisory Interviews
- \_\_\_\_\_ Search Committee: (list committee members)  
\_\_\_\_\_, Chair of Committee  
Members are: \_\_\_\_\_  
\_\_\_\_\_

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Approval Process:

Signature

Date

Payroll Office: \_\_\_\_\_/\_\_\_\_\_

Finance Office: \_\_\_\_\_/\_\_\_\_\_

Human Resources: \_\_\_\_\_/\_\_\_\_\_

V.P. Finance: \_\_\_\_\_/\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_