

# **APPROVAL TO INTERVIEW FOR FACULTY POSITIONS**

For Faculty Recruitments Only

Form must be approved **prior** to contacting candidates for interviews.

| TO BE COMPLETED BY SEARCH                          | COMIMITTEE         |  |                            |  |
|--|--------------------|--|----------------------------|--|
| Dept. Name:  | Dept. #:           |  |                            |  |
| Position Title:                                    |                    |  | Req #:                     |  |
| Members of the search committe                     | e:                 |  |                            |  |
| Chair  |                    |  |                            |  |
|  |                    |  |                            |  |
| Candidates proposed for intervie                   | ws:                |  |                            |  |
|  |                    |  |                            |  |
|  |                    |  |                            |  |
|  |                    |  |                            |  |
| Temporary Pools Only: List cand<br>Candidate Name: | didates with prior |  | e by PAF / PAF & Interview |  |
|  |                    |  |                            |  |
|  |                    |  |                            |  |
|  |                    |  |                            |  |
|  |                    |  |                            |  |
|  |                    |  |                            |  |
|  |                    |  |                            |  |
| Alternate Candidates:                              |                    |  |                            |  |

| TO BE COMPLETED BY SEARCH COMMITTEE CHAIR |       |  |  |  |
|---|-------|--|--|--|
| Approved Yes No                           |       |  |  |  |
| Comments:                                 |       |  |  |  |
| Search Committee Chair Signature:         | Date: |  |  |  |

| TO BE COMPLETED BY DEAN |  |     |  |    |       |      |  |
|-------------------------|--|-----|--|----|-------|------|--|
| Approved                |  | Yes |  | No |       |      |  |
| Comments:               |  |     |  |    |       |      |  |
| D                       |  |     |  |    |       | Dete |  |
| Dean Signature:         |  |     |  |    | Date: |      |  |

| TO BE COMPLETED BY AVP FACULTY AFFAIRS |     |    |  |       |  |  |
|--|-----|----|--|-------|--|--|
| Approved                               | Yes | No |  |       |  |  |
| Comments:                              |     |    |  |       |  |  |
|  |     |    |  |       |  |  |
| AVP Faculty Affairs Signature:         |     |    |  | Date: |  |  |



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Guidelines and Procedures

#### INFORMATION ABOUT THE USE OF THIS FORM

This form is used for departmental and administrative approval of the proposed interview group for all faculty searches. It also serves to record the search committee membership and recruiting actions taken. Do not contact candidates for interview until form has been approved!

### COMPLETE FIELDS AS FOLLOWS

| Dept. Name              | Name of hiring department.  |
|-------------------------|---|
| Dept. #                 | 4 digit department number, as it is stated in PeopleSoft.                         |
| Position Title          | Title of position as it is posted in the Position Opportunity Announcement (POA). |
| Req #                   | Requisition number of position as listed on the POA.                              |
| Members of the search   | List the names of those serving on this search committee.                         |
| committee               | List the names of those serving on this search committee.                         |
| Candidates proposed for | List names of those being proposed for interviews.                                |
| interviews              | List names of those being proposed for interviews.                                |
| Temporary Pools Only    | List candidates with prior SSU experience.  |
| Candidate Name          | Name of candidate with prior SSU experience.                                      |
| PAF                     | Indicate if committee will be reviewing Personnel Action File (PAF).              |
| Interview               | Indicate if candidate will be interviewed   |
| Alternate Candidates    | Indicated candidates that qualify as alternates.                                  |
|                         |   |

#### QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)