



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: _____	Currently Employed at Another LSU Campus? Yes No
Phone Number: _____	Agency Transfer? Yes No
Email Address: _____	
Highest Degree Earned: _____	Gender: _____
Field of Study: _____	Date of Birth: _____
Institution: _____	SS Number: <small>Make arrangements to provide Social Security Number to your HR Analyst</small>
Years of Experience (as Required for Position): _____	
Description of Relevant Experience/Qualifications for Position: _____ _____ _____	

POSITION INFORMATION	
Job Title: _____	Position #: _____
Position: _____	Cost Center #: _____
Full time or Part time _____ # of hours; _____ % effort	Costing Allocation (PG)#: _____
Work Shift (if applicable): _____	Proposed Hire Date: _____ End Date: _____ (if applicable)
Job Family: _____	

COMPENSATION	HIRING MANAGER
Permanent Salary Proposed Salary/Pay Rate: _____ Note: Offered salary will be dependent on candidate credentials and experience. Compensation Type: _____	Name: _____ Phone: _____ Email _____

ADMINISTRATIVE APPROVALS

Division Head: _____ Date: _____

Vice Chancellor of Business Affairs: _____ Date: _____

Vice Chancellor of Academic Affairs: _____ Date: _____

Chancellor: _____ Date: _____