

Recommendation Form for Appointment to Full-Time Staff

Employee Group: _____	Cost Centre: _____
First Name: _____	Last Name: _____
Employee Number (C#): _____	
Position Title: _____	Dept/Division: _____
Salary/Rate of Pay: _____	Hours/Week: _____
Appointment Begins (MM/DD/YYYY): _____	Termination Date-I/O Positions (MM/DD/YYYY): _____
Position Type: New Position Other	
Reason for Replacement: _____	Replacement For:: _____ (Name)
Comments (Regarding qualifications and experience):	

Required documents attached?

Proof of Academic Credentials

Resume / CV

Reference Checks

Course(s) Assigned:**Supervisor's Approval:**

Date:

Human Resources Department Approval:

Date:

Appropriate Vice-President's Approval:

Date:

President's Approval:

Date:
