

Request to Recruit

North Dakota State University
Fargo, ND

(Job Opening Number: _____)

Complete this for ALL BANDS (except graduate assistants).

Refer to the *NDSU Policy Manual*, Section 202 (Broadbanded) or Section 304 (Non-Broadbanded) for information.

1. Department name: _____ Department number: _____
2. College or division: _____
3. Position Title: _____ Job Family: _____
4. Projected Fill Date: _____
5. Position number(s) (list position number – if none, explain):
a. Name of person last in position: _____
6. Salary range: \$ _____ a) Source of funds: state appropriated other (specify _____)
b) Fund: _____ Project: _____ Program: _____ Account: _____
Fund: _____ Project: _____ Program: _____ Account: _____
7. Is the position: a) part-time (_____ %) full-time
b) less than 12 months 12 months

7a. For 3000-7000 band positions only:	Months/year: _____	# Hours/week: _____
	Work days: _____	Work hours: _____

8. Type of appointment (for *academic* positions only):
Probationary (tenure track) or Special appointment: faculty rank lecturer other (_____)
9. Position description: *(Please use attached page.)*
10. a. Minimum qualifications required: *(Please use attached page.)*
b. Qualifications preferred but not required: *(Please use attached page.)*
11. Date open: _____
12. Date closed: _____ or until filled
Recruitment area: national regional local (including internal)
13. a. For Non-Broadbanded: List of sources to be used by the hiring department for recruitment. (A copy of the proposed recruitment ads and/or flyers must be attached.) All recruitment materials should include the statement “*NDSU is an equal opportunity institution.*”
b. For Broadbanded positions: You must attach a copy of the updated position description, and list advertising: newspapers and date, websites, mailings, etc. *[Link to advertising guide/pricing info.](#)

14. The contact person responsible for the recruiting process or the chair of the search and screen committee, if used:
Name of contact person: _____ E-mail address: _____
P.O. Box number: _____ Phone number: _____
City/State/Zip: _____ FAX number: _____

A COPY OF THE MEMO APPOINTING THE COMMITTEE MUST BE ATTACHED.

Remarks:

Applicable approval signatures:

Department or Unit Administrator	Date	Dean/Director	Date
Equal Opportunity or Human Resources	Date	Vice President or Designee	Date

(Non-Broadbanded: 0000, 2000) (Broadbanded: 1000, 3000-7000) Rev: 07/06

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9. Position description:

10.a. Minimum qualifications required:

10.b. Qualifications preferred but not required: