# How to Complete an Emergency Hire Request form

1	<u>0a4d63c?env=</u>	<u>ps://powerforms.docusign.net/9e379a70-d45b-4869-92db-58a53</u> na3&acct=0df82721-ac1d-4c63-a607-e443830d0cf0&accountId=0d c63-a607-e443830d0cf0	
2	Add your full n	ame and email here	
		below. Signers will receive an email inviting them to sign this document.	
		Please enter your name and email to begin the signing process.	
		Prepared by	
		Your Name: * Full Name	
		Your Email: * Email Address	
		Please provide information for any other signers needed for this document.	
		Employee (DO NOT CHANGE EMAIL ADDRESS)	

**3** Enter the full name of the employee here - *do not change* the email listed here

Please provide information for any other signers needed for this document.
Employee (DO NOT CHANGE EMAIL ADDRESS)
Name: *
Email: *
donotchange@isu.edu Hiring Manager
Name: *
Full Name
Email: *

4 Enter the full name and email of the Hiring Manager **tab** to next field

Patience K Ternus
Email: *
donotchange@isu.edu
Hiring Manager
Name: *
Patience K Ternus
Email: *
ternpati@isu.edu
University Business Officer or Delegate
Name: *
Full Name

**5** Enter the full name and email of the UBO **tab** to next field

Name: *	
Angie Dangerfield	
Email: *	
angiedangerfield@isu.edu	
University Business Officer or Delegate	
Name: * Full Name	
Email: *	
Email Address	

**6** Enter the full name and email of the Dean/Director or Delegate **tab** to next field

Email: *		
codyfitch@isu.e	edu	
Dean/Directo	r or Delegate	
Name: *		
Full Name		
Email: *		
Email Address		
Vice Presiden	t or Delegate	
Name: *		
Full Name		

Made with Scribe - https://scribehow.com

**7** Enter the full name and email of the VP or Delegate **tab** to next field

Name: *		
Katie Thomas	77	
Email: *		
katiethomas@isu.edu Vice President or Delegate		

8 Do not change	e anything here
	briansagendorf@isu.edu
	Budget Office
	Name: *
	Budget Office
	Email: *
	budget@isu.edu
	Human Resources
	Name: *
	Denise Scott
	Email: *
	denisescott@isu.edu

Do not change anything here

Name: *	
Denise Scott	
Email: *	
denisescott@isu.edu	
Conditional Recipient Group Name New PCN Setup HR	
Group Name	
Group Name New PCN Setup HR	

10 Click "Begin	Signing"
	denisescott@isu.edu
	Conditional Recipient
	Group Name New PCN Setup HR
	Conditional Recipient
	Group Name New PCN Setup Budget
	Begin Signing
Er	nglish (US) 🔻 Contact Us   Terms of Use   Privacy   Intellectual Property   Trust

## 11 Click "Got it"

ic position, while made within the

		CONTINUE	FINISH LATER	OTHER ACTIONS -
			Finish Later option to contin this document at a later time	
<b></b>	If existing PCN, list here:	GO		

## 12 Click "Continue"

ic position, while made within the		Powered by Cocusign
All by the ISO Office of Human Resources.	FINISH LATER	OTHER ACTIONS +

#### **13** Enter the information needed for the position.

additional year, subject to approval by	the ISU Office of Human Resources.
[	
Position Title:	Title
Department:	Human Resources
Position Control Number (PCN): (existing or NEW) New PCN Req ~	If existing PCN, list here:
Name of Proposed Candidate:	Name of Candidate
Current ISU employee? (Yes/No)	Yes
Proposed Salary:	\$50,000
Proposed Salary:	
Appointment Months per Year:	12
FTE (Full Time Equivalent):	1
Desired Start Date:	11/17/2024
Reports to:	Angie Dangerfield

#### **14** Provide rational for emergency hire

FTE (Full Time Equivalent):	1	
Desired Start Date:	11/17/2024	
Reports to:	Angie Dangerfield	

**Rationale for Emergency Hire Request:** Please provide a brief explanation of why hiring the desired candidate in a temporary replacement capacity prior to conducting an open and Required itive search is in the best interest of the unit at this time:

Revised November 2024	

# **15** For the "Proposed Salary" field be sure to work with your UBO and provide any additional details

For the "OAR Criteria" field review the OAR process and provide a detailed explanation of how your requests align with OAR Personnel processing

START	Docusign Envelope ID: 0B18E43A-AFB1-4953-A271-8F5A3AC8353E Idaho State University
	Proposed Salary: Please provide additional details regarding the proposed salary for the Required; andidate. OAR Criteria: What criteria were discussed that aligns with OAR criteria for faculty and staff? Briefly explain how your request supports and aligns with OAR.
	Required Signatures
	Hiring Manager   Date     Dean/Director   Date
	UBO Date

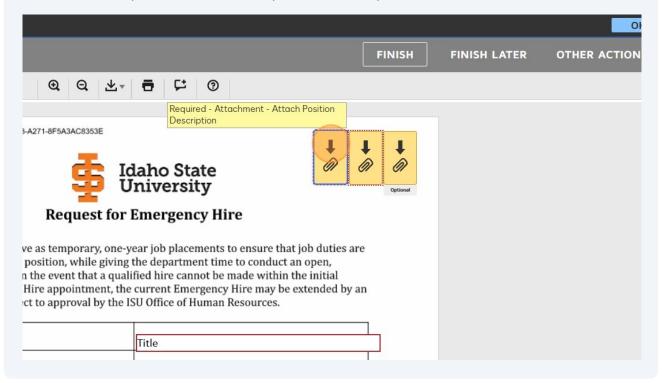
**16** Review this statement and select the box if it is a temporary appointment

	Q Q ¥	• 🖬 🖵 💿	
	Dean/Director	Date	
START	UBO	Date	
	VP/Provost	Date	
	Budget Office	Date	
	Human Resources	ition prior to the conclusion of the temp	
	HR/BUDGET IMPLEMENTATION		
	New PCN Assigned (if applicable):	PBUD Confirmation:	
	Position Type:	Class Code/Title:	
	FLSA Status:	Compensation:	
		1	

**17** Add the required attachments to each respective attachment upload.

Those attachments are:

- Position description
- Candidate CV/Resume
- And any additional information you feel necessary



#### 18 Click "Finish"

This is a temporary appointment. The next steps will be to work with Human Resources to conduct an open, competitive search process to permanently fill the position prior to the conclusion of the temporary Emergency Hire Appointment. By checking this box, you acknowledge the next steps of the process.

HR/BUDGET IN	UPLEMENTATION				
New PCN Assigned (if applicable):	PBUD Confirmation:				
Position Type:	Class Code/Title:				
FLSA Status:	Compensation:				
	Revised November 2024				
Revised Emergency Hire Request.pdf	2 of 2				
FINISH					
	Change La				