Completing A Hiring Pre-Authoization Form Request In DocuSign

1 Navigate to <u>h</u> <u>bbb54b?env=</u> <u>82721-ac1d-4</u>	<u>ttps://powerforms.docusign.net/cf5f0e5e-222b-4b51-8e41-414b6a</u> : <u>na3&acct=0df82721-ac1d-4c63-a607-e443830d0cf0&accountId=0df</u> . <u>c63-a607-e443830d0cf0</u>
2 Add your full	name 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: *
	Your Email: * Email Address
	Please provide information for any other signers needed for this document.
	PCN (ex. 1234 or NEW)

3	Enter the PCI	N # if there is an existing one or enter "New" if there is not
		Please provide information for any other signers needed for this document.
		PCN (ex. 1234 or NEW)
		Name: Full Name
		Email:
		donotchange@isu.edu
		Hiring Manager
		Name: * Full Name
		Email: *
		Email Address

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

Name: * Full Name Email: *
Email: *
Email Address
University Business Officer or Delegate
Full Name
Email: *

5 If there is an additional reviewer, enter their full name and email here

Name: Full Name Email: Email Address Dean/Director or Delegate Name: * Full Name Email: *	Additional Department Chair, Dean, Director r Delegate (Optional)	i .
Email: Email Address Dean/Director or Delegate Name: * Full Name Email: *	lame: Full Name	
Email Address Dean/Director or Delegate Name: * Full Name Email: *	mail:	
Dean/Director or Delegate Name: * Full Name Email: *	Email Address	
Name: * Full Name Email: *	Dean/Director or Delegate	
Full Name Email: *	lame: *	_
Email: *	Full Name	
Email Address	mail: * Email Address	

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

Dean/Director or Delegate	
Name: *	
Email: *	
Email Address	
Vice President or Delegate	
Name: *	
Full Name	
Email: * Email Address	
Budget Office	

7 Enter the full name and email of the VP or Delegate **tab** to next field (do not change anything for the last three areas - Budget Office, Compensation, and HR)

Email: *	
katiethomas@isu.edu	
Vice President or Delegate	
Name: *	
Brian Sagendorf	
Email: *	
Budget Office	
Name: *	
Budget Office	

8 Click "Begin S	Signing"
	uernsescorr@isu.euu
	Conditional Recipient
	Group Name
	New PCN Setup Budget
	Conditional Recipient
	Group Name
	New PCN Setup HR
	Begin Signing
English	(US) 🔻 Contact Us Terms of Use Privacy Intellectual Property Trust

9 Click "Learn more.		
	Idaho State University	
	Powered by Powered by Powered by	
CONTINUE	FINISH LATER OTHER ACTIONS •	
Use the signing more	Finish Later option to continue this document at a later time. Learn	

10 Click "Continue"

			ОК
			Idaho State University
			Powered by Powered by
	CONTINUE	FINISH LATER	OTHER ACTIONS 🔻
	_		
select V If existing PCN, list here:			
ble):			

11 Enter the Department name and the Division Name the request is for

Hiring Pre-A Prior to conducting a search, the request is rou Once all signatures are complete, the hiring de Request in the Talent Management System (TM intended for hiring processes without conduct any questions x2517.	Authorization Form Authorization Form Authorization Form Authorization Form Authorization Form Ited to your approval chain for review and approval. partment may work with HR to initiate a Job Posting AS) and launch the search process. This form is not ing a search. Please contact Human Resources with
Department:	Human Resources
College/Division:	Campus Operations
Position Type:	Non-Classified Staff
(Existing or NEW) select V	If existing PCN, list here:
Name of Vacating Employee (if applicable):	
Desired Hire Date:	
Proposed Title:	
Proposed Salary:	
Annointment Monthe ner Vear	

12 Select the appropriate option. If it is an existing PCN enter the PCN and the name of the vacating employee.

Prior to conducting a search, the request is routed to your approval chain for review and approval. Once all signatures are complete, the hiring department may work with HR to initiate a Job Posting Request in the Talent Management System (TMS) and launch the search process. This form is not intended for hiring processes without conducting a search. Please contact Human Resources with any questions x2517.

Department:	Human Resources
College/Division:	Campus Operations
Position Type: Required - Dropdown 7ca14t Position Control Nu 429b-9373-44072f873797 (Existing or NEW) New PCN Request V	^{596-1c6f-} ed Staff ✓
Name of Vacating Employee (if applicable):	
Desired Hire Date:	
Proposed Title:	
Proposed Salary:	
Appointment Months per Year:	
FTE (Full Time Equivalent):	

13 Enter the desired hire date

any questions x2517.

Department:	Human Resources	
College/Division:	Campus Operations	
Position Type:	Non-Classified Staff	~
Position Control Number (PCN): (Existing or NEW) New PCN Request >	If existing PCN, list here	
Name of Vacating Employee (if applicable):	Required	
Desired Hire Date:		
Proposed Title:	-	
Proposed Salary:	-	
Appointment Months per Year:		
FTE (Full Time Equivalent):		
Budget Funding Sources (UBO/Budget):		
Funding Source:	Index:	Percent:

14 Enter the proposed title

Department:	Human Resources
College/Division:	Campus Operations
Position Type: Position Control Number (PCN): (Existing or NEW) New PCN Request V	Non-Classified Staff V If existing PCN, list here:
Name of Vacating Employee (if applicable):	
Desired Hire Date:	11/17/2024
Proposed Title:	
Proposed Salary:	
Appointment Months per Year:	
FTE (Full Time Equivalent):	
Budget Funding S	ources (UBO/Budget):
Funding Source:	Index: Percent:
select V	

15 Enter the proposed salary

College/Division:	Campus Operations		
Position Type: Position Control Number (PCN): (Existing or NEW) New PCN Request X	Non-Classified Staff If existing PCN, list here	▼	
Name of Vacating Employee (if applicable):	+		
Desired Hire Date:	11/17/2024		
Proposed Title:	Title		
Proposed Salary:			
Appointment Months per Year:			
FTE (Full Time Equivalent):			
Budget Funding S	ources (UBO/Budget):		
Funding Source:	Index:	Percent:	
select			
select 🗸			

16 Enter the appointment term (ex. 12 months, 9 months)

Position Type: Position Control Number (PCN): (Existing or NEW) New PCN Request Name of Vacating Employee (if applicable):	Non-Classified Sta	ff v there:	
Desired Hire Date: Proposed Title:	11/17/2024 Title		
Proposed Salary: Appointment Months per Year:	\$50,000 Required		
Budget Funding	L Sources (UBO/Budg	et):	
Funding Source:	Index:	Percent:	
select ×			
select			

17 Enter the FTE (ex. if it is a 12 month appointment the FTE is equal to 1)

(Existing or NEW) New PCN Request V]
Name of Vacating Employee (if applicable):	-	
Desired Hire Date:	11/17/2024	
Proposed Title:	Title	
Proposed Salary:	\$50,000	
Appointment Months per Year:	12	
FTE (Full Time Equivalent):	required	
Budget Funding S	ources (UBO/Budget):	
Funding Source:	Index:	Percent:
select 🗸		
select ×		
select ~		
select V		

18 Select from the drop menu the appropriate funding source

Proposed Title:	Title	
Proposed Salary:	\$50,000	
Appointment Months per Year:	12	
FTE (Full Time Equivalent):	1	
Budget Funding Se	ources (UBO/Budget):	
Required - Dropdown ce1bbf4d-daf9- 4c83-beaa-aa00814f92b2	Index:	Percent:
Central V		
~		
select V		

Enter the index number associated with this source and the percentage of the funding coming from this source (ex. 50% of the funding from this index will support this role, while another 50% of the funding will come from an additional source).

Proposed Title:	Title	
Proposed Salary:	\$50,000	
Appointment Months per Year:	12	
FTE (Full Time Equivalent):	1	
Budget Funding So	ources (UBO/Budget):	
Funding Source:	Index:	Percent:
Central Y	Required	
select 🗸		
select v		
select		
select V		
select V		

If the funding for the position is not 100% funded from one index enter the 20 additional information. If the funding is 100% from one index the skip this step.

Proposed Salary:	\$50,000	
Appointment Months per Year:	12	
FTE (Full Time Equivalent):	1	
Budget Funding Se	ources (UBO/Budget):	1
Funding Source:	Index:	Percent:
Central ~	INDEX	<mark>.</mark> %50
Optional - Dropdown 44effc72-ebfd-4ff7- b132-72c5554342e1		-
select V		-
select V		
select v	<u> </u>	
select v	I	Ц
		B

19

21 IF you have this information you can write it here or leave it for the UBO to comment on.

	Idaho State University	
Additional information	on funding source verification and recomme	ndation (UBO/Budget):
I <mark>F</mark> you have this informati	on you can write it here or leave it for the UBO to	comment on.
What criteria were disc	sussed that aligns with OAP criteria for facult	and staff? Briefly evplain
Required lest supports :	and aligns with OAR.	y and stan : brieny explain
	Required Signatures	
Hiring Manager		Date
Dean/Director		Date

22 Provide a brief narrative about how this appointment aligns with your divisions strategic goals and the OAR process.

Additional information on funding source verification and recommenda	tion (UBO/Bud
IF you have this information you can write it here or leave it for the UBO to com What criteria were discussed that aligns with OAR criteria for faculty an	ment on. d staff? Briefly
Provide a brief narative about how this appointment aligns with your divisions storess Correct your spelling narrative	trategic goals anc
Hiring Manager	Date
Dean/Director	Date

23 Click "Close"

		ОК	
	CLOSE	OTHER ACTIONS -	
0			
te y orm oval chain for review and approval. ork with HR to initiate a Job Posting the search process. This form is not use contact Human Resources with			
<u>ces</u>			