

**REQUEST FOR FACULTY APPOINTMENT
WITHOUT RECRUITMENT AUTHORIZATION FORM
(PROV 200 Form)**

Banner ID: _____ Name: _____
Last First Middle

New hire ☐ (never employed by Auburn University) Background check FOAP: _____
Rehire ☐ (has been employed by Auburn University but has a status of terminated or has been employed by Auburn University but did not convert to Banner)

Retiree Rehire
☐ Retired from Auburn University
☐ Retired from another TRS/ERS participating state agency

☐ Current part time employee ☐ Current full time employee Foreign National: Yes ☐ No ☐
☐ 9 mo faculty ☐ 12 mo faculty ☐ 12 mo Admin/Prof ☐ Requires no additional resources, including space

Attach UPO-10 for faculty or HR-12 for Admin/Prof. Position will be processed as a Z Job (ADJZJ) and paid on bi-weekly payroll

Home Org: _____ Home Dept: _____

Supv Position #: _____ Supv Banner ID #: _____

Check Dist: _____ District/Div: _____ Location ID: _____

Begin Date: _____ End Date: _____

Position #: _____ Suffix: _____ Title: _____

FTE: _____ Hours per Pay: _____ Semi-monthly Rate ☐ \$ _____ Monthly Rate ☐ \$ _____

Total Semester Salary: \$ _____ Annual Salary: \$ _____ FOP: _____

The semi-monthly/monthly rate should be the actual amount to be paid to the employee per payroll period. See instructions for calculation of semi-monthly annual salary for fall and spring semesters and summer term.

	Course # and Title*	Credit Hours	Section #
Course 1	_____	_____	_____
Course 2	_____	_____	_____
Course 3	_____	_____	_____
	Total FTE	_____	

***If 5000 level or above, please attach course description**

Previous employment ☐ (Instructor, Assistant Professor, Associate Professor, or Professor or Visiting Assistant Professor, Visiting Associate Professor, or Visiting Professor)

Attach PZR FAC2 for employment in Banner for dates beginning July 1, 2006 to present. **Highlight all assignments with the titles listed above.**

CV and transcripts attached ☐ (Required for all new hires and rehires with a service break of 3 years or greater.)

Approval Signatures: _____ I attest that this individual has completed the cyber security awareness training.

Department

Dean

Provost

Date Prepared: _____ Prepared by: _____ Phone #: _____

Notify EPAF Approval GID: _____

Revised 8/2014

Instructions for PROV 200 Form: This form is used to approve hiring individuals without a search to teach courses each semester. This form is used for new hires, rehires of part-time 9 month or 12 month faculty, and Administrative Professional employees. Complete this form and submit to the Provost Office for approval. **New Hires:** Attach all required hiring paperwork according to the EPAF New Hire checklist and forward to Human Resources. **Rehires or Current Employees:** Complete an EPAF. Note in comment section that an approved PROV 200 will be forwarded to Human Resources. Also note if a UPO-10 or HR-12 has been approved and sent to Human Resources for all full time employees.

Name: as it appears on the Social Security Card.

Home Departmental Organization: a six (6) digit number assigned by finance.

Check Distribution: an alpha/numeric code where the check advice will be sent.

District/Division: a three (3) digit number for the division this department reports to.

Location ID: a six (6) digit number to show the location of the job. This is used for mail outs.

Begin date: the date the job begins (date should be August 16, January 1, or May 16).

End date: the date the job is expected to end (**date must be December 31, May 15, or August 15**).

Position number: the departmental position the employee is assigned to for this assignment. Z job position number is ZJ, the timekeeping location and a zero (example: ZJ4240)

Suffix: a two (2) digit number.

Title: the title given the employee if different from the Position title. If current employee, list current title

FTE: Percent of time of the appointment approved by Provost Office

Hours Per Pay: Hours in the month times FTE for which the employee will be paid

Example: $173.33 \times 50\% = 86.67$ (monthly)

Example: $86.67 \times 50\% = 43.34$ (semi-monthly)

Semi-Monthly Rate: the actual amount the employee will be paid for each payroll period.

Monthly Rate: the actual amount the employee will be paid for the month.

Total Semester Salary: the actual amount the employee will be paid for the entire semester.

Annual Salary: Calculate **semi-monthly** annual salary as follows:

Fall semester: amount approved divided by 9 payroll periods times 18.

Spring semester: amount approved divided by 9 payroll periods times 18.

Summer Term: amount approved divided by number of pay periods to be paid times six (6).

Approval signatures: signatures from the Department, Dean, and Provost offices.

Date Prepared: the date the form was prepared.

Prepared by: the name of the person who prepared the form.

Phone number: the number where the person who prepared the form can be reached.

Notify EPAF Approval GID: Global ID of the person to receive the FYI notification that the EPAF has been applied to the system.

Ex: mouseml