

Interview evaluations for all candidates must be submitted with this form for approval.

Candidate's Name: _____ Date Interviewed: _____

Job Title: _____ Recommended Pay Rate: \$ _____ hourly
 semi-monthly

Department/Project: _____ Requested start date: _____

Contact Phone #: _____ Alternative Contact Phone #: _____

Number of Hours to Work Per Week: _____ Time Base: _____ %

Account Holder's Approval

Recommended by (please print): _____

Signature: _____ Date: _____

Principal Investigator (please print): _____

Signature: _____ Date: _____

Foundation Use Only

Applicant approved for hire Applicant not approved for hire

If not approved, reason: _____

Date of Job Offer: _____ Position Accepted? Yes No

Pay Agreed Upon: \$ _____ hourly semi-monthly
Approved Start Date: _____

Director of Human Resources Approval

Date