

## Instructions for Completing the Staff and Management Hire Authorization (S&M HAF) Form

### Part I: General Information

Department Name: Name of Department housing affected position

Department I.D.: DXXXXX

Classification Title: CSU classification title of position (Link to CSU Classifications)

<https://csyou.calstate.edu/Divisions-Orgs/HR/hrm/Compensation/Classification%20Standards/Forms/AllItems.aspx>

Working Title: Title of position affected.

CSU Class (job code): Job code of CSU Classification

<https://csyou.calstate.edu/Divisions-Orgs/HR/hrm/Compensation/Classification%20Standards/Forms/AllItems.aspx>

Skill Level: Skill level, if applicable, of position affected.

Form Completed by: Name of Person completing form and

Will this position oversee/lead other employees/student assistants: Indicate Yes or No.

Will dictate if mandated Sexual Harassment training is required. Person to contact with questions.

Email: Email of person to contact with questions.

Position Reports to: Person the affected position reports to (appropriate administrator) and working title.

### Part II: Position and Employee Information

Position is: Reappointment (annual)      Employee Name: Name of Employee being re-appointed

CMS Position #: Listed on Labor Cost Distribution report (LCD).

Recruitment: Identify if this is a new position or a replacement position for an employee who has vacated position.

Identify if position is permanent or temporary.

Identify ending date, proposed start/effective date and number of openings.

Emergency Hire: Identify name of employee proposed for emergency hire, if known

Name of Employee Vacating Position: Identify name of employee vacating position.

CMS Position #: Listed on Labor Cost Distribution report (LCD).

Last Day on Payroll: Identify last day on payroll.

Time Base: Identify the time base for the position affected. If part-time, indicate number of hours per week. If hourly/intermittent indicate number of hours not to exceed per week.

Pay Plan: Identify if the position affected is a 12-month, 10/12, 11/12 or other pay plan, as allowed by each specific MOU. If position is other than 12-months, indicate what months the incumbent will have off.

Extension of Grant Position / Funding Change Only of Grant Position: Complete only for a grant funded position.

Reason for Replacement/Transaction: Identify reason for transaction.

sensitive position. Check box if not a sensitive position. Signature of appropriate administrator required.

Salary Range: Identify the entire salary range of the CSU Classification.

Is this Federal Funding? Identify if this position is funded with federal funding.

Is it subject to e-verification? Identify if the incumbent for this position requires e-verification. (Required if federal funding).

Are there special requirements associated with this grant? (Grants office completes this question).

Funding Information: Identify the funding information associated with this position.

**Department to Complete:**

Identify information to be used for recruitments

Documents attached:

Check the attachment(s) that has/have been included with request.

**Part III: Approvals – Please route form in the order identified**

Approvals: Route and obtain signatures indicated. Requires Vice President, BAS or

Appropriate Budget Liaison

Academic-related areas: Paula Miser

Non-Academic areas: Cristal Rios

University Budget Office: Will complete to indicate appropriate adjustments made to budget.