



# HIRING AUTHORIZATION FORM FOR NEW ICA ASSIGNMENTS

In order to authorize any ICA appointments all positions must be approved by the Office of Academic Affairs prior to a formal contract offer being made.

**Forwarding Route: Division Chair > Office of Academic Affairs > Human Resources**

**Name of Candidate:** \_\_\_\_\_

**SIN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Email:** \_\_\_\_\_

<b>Course Assignment #1:</b>
<b>Course Assignment #2:</b>

<b>Prior Assignments:</b>	At Other Universities	Date:
Courses Taught:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**Other Teaching Experience at other colleges and universities:**

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**Educational Qualifications: Attach CV**

BFA                       PhD                       MFA                       MA  
 Notes: (i.e. school attended and teaching evaluations)       Previous Evaluation Records reviewed

**Term of Contract:**

Fall                       Winter                       Summer Session I                       Summer Session II  
 Start Date:                      End Date

References: <b>Min 2 required</b>	Phone:		Date:
Name(s): <input type="text"/>	<input type="text"/>	<input type="checkbox"/> checked	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> checked	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> checked	<input type="text"/>

**For Internal Use:**

**Salary:**

ICA ½ course	\$	ICA 2 ½ day courses	\$
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**Budget Account:**

Department: \_\_\_\_\_ Budget Account #: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

Provost / Dean: \_\_\_\_\_ Date: \_\_\_\_\_

