

## 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.
- Not a "sensitive" position: Review the attached document describing consideration for 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 President's signature if position is new.
- 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.