

UNIVERSITY OF CONNECTICUT
Department of Human Resources
CLASSIFIED STAFF RECRUITMENT - AAP2 CARD

Position Information:

Department: _____ Position Title: _____
 Work Department #: _____ Work Location/U-Box: _____
 New Position Refill - PC #: _____
 Full-Time Part-Time Permanent Durational/Temporary
 Length of position: yrs months

Specify Dates and Hours:

Total Hours Per Week: _____ Proposed Start Date: _____

University Funding Department # (if different from Department # above):

FRS ACCOUNT:	FUND:	SID:	% OF FUNDING:
FRS ACCOUNT:	FUND:	SID:	% OF FUNDING:
FRS ACCOUNT:	FUND:	SID:	% OF FUNDING:
FRS ACCOUNT:	FUND:	SID:	% OF FUNDING:

Supervisor's Name: _____ Title: _____

Job Duties: Attach a detailed job description and organizational chart)

Supervision Exercised:

Physical Requirements:

Special Requirements:

Search Interview Information:

Contact Person: _____ Phone: _____

U-Box and Mailing Address:

Building & Room #:

AUTHORIZED SIGNATURES OF APPROVAL: (as required)

1) _____ 2) _____ 3) _____

Return Completed Form to the Department of Human Resources, Unit 5075. Contact (860) 486-2073 with any questions.

For H.R. Use Only: Search #: _____ By/Date: _____ Gen Log Date: _____

Comments:

OLR Approval for Perm. Pos.: (Grant/Research) Not Approved Approved By/Date: