

Request for Waiver of Search Requirement for Faculty/Staff

Please complete this form and save it. After signing, you may scan this form and e-mail the scanned copy for approval routing. Please route only to the next office in the routing queue.

College/School:	Department/Division	
Position to be Filled		
Employee Name:	Type of Appointment	
Date of Hire:	Academic Year ☐ Fisc	al Year 🛚
Rank/Title:	One Semester	
ndex Number:	Other	
osition Number:	*Recommended Salary	
E-Class:	**HR will approve final salary**	
Please provide a statement of specific request and justification additional sheet		
DEPARTMENT HEAD I request waiver/modification of regular sea nas not previously been approved for this appointee.	rch procedures as specified above. I also cert	ify that a waiver of
	(signature)	(date)
DEAN/VICE PROVOST Approved Disapproved Disapproved	(signature)	(date)
PROVOST/VP Approved Disapproved Comments:	(signature)	(date)
NSTITUTIONAL EQUITY Approved Disapproved Comments:	(signature)	(date)
HUMAN RESOURCES (staff positions only) Approved Disapproved	(signature)	(date)