

ATLANTA METROPOLITAN STATE COLLEGE

RECOMMENDATION TO FILL POSITION FORM

Attach the candidate's application, cover letter, resume, and all official college transcripts if applicable, along with a copy of the approved Position Requisition Form.

*Please allow 10 working days for processing and/or approval.

Date _____

Department _____

Position Title _____

Position Number _____

Name of Recommended Candidate _____

Recommended Salary _____

Benefited Position

No

Yes

Anticipated Date of Hire _____

End Date _____

Candidate employed within the USG?

No

Yes

(Name of USG Institution)

ALL SIGNATURES ARE REQUIRED

1. _____
Requesting Unit Head/Supervisor Date

2. _____
Appropriate Area Administrator Date

3. _____
Budget / Grant Control Officer Date

4. _____
Vice President for Fiscal Affairs Date

5. _____
Director of Human Resources Date

6. _____
President Date