Hiring Proposal Form

Once completed, email this form to [WCNR\_HR@colostate.edu](mailto:WCNR_HR@colostate.edu)

New Hire Information:

Name:

Email:

Department Information:

Department:

Supervisor:

PI (if applicable):

Account number:

Posting Number:

Hire Details

Annual Payrate:

Working hours per week/FTE (Full-time equivalency):

Anticipated Start Date:

End Date (if Temporary position):

Logistical Details

Moving approved (Yes/No) and amount:

Work Site Location:

Holiday Schedule (CSU or Federal):

Alternative Work Schedule (Yes/No):

Driving Requirements (Must, preferred, or none):

Foreign National (Yes/No):