
Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone 618.650.2190 | Fax 618.650.2696

Please review the [Internal Appointment and Promotion Policy](#) for employee eligibility requirements and recommendation instructions.

DEPARTMENT INFORMATION

Department: _____ Hiring Manager: _____

EMPLOYEE INFORMATION

Employee Name: _____ Banner ID: _____

Current Title: _____

Effective Date: _____ Today's Date: _____

EMPLOYMENT CHANGES

Appointment Promotion

New title: _____

Position description CV/Resume

Appointment percentage: Full-time Part-time at _____

Employee classification: Civil Service (Non-rep./Open Range) Administrative (Non-rep.)

New pay: salary at _____ semi-monthly or hourly rate at _____ per hour

FLSA overtime status: Exempt Non-exempt

New manager: _____ New department: _____

Eligibility conditions

Reorganization Significant increase in duties and responsibilities

Critical needs Succession planning

RECOMMENDATION

Please provide your justification for this recommendation (attach a separate file if necessary).

SIGNATURES

Chancellor/Vice Chancellor: _____ Date: _____

Director of Human Resources: _____ Date: _____

Eq. Opp. & Acc. Signature: _____ Date: _____