K E A N U N I V E R S I T Y
ACADEMIC SPECIALIST ACKNOWLEDGEMENT

PERSONAL DATA *(To be completed by the prospective employee)*

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Alt. Phone Number: _____

Social Security Number: _____ Kean ID # (*if applicable*):_____

Work Authorization (if applicable): _____ Expiration Date: _____

E-mail Address: _____

Degree(s) Received: _____ Date Conferred: _____
***A Bachelor's Degree is required. Please forward official transcripts to the Office of Human Resources.**

Acknowledgements:

I acknowledge:

- When I receive an offer from the hiring department, I am responsible to present myself to the Office of Human Resources for new hire onboarding.
- The Office of Human Resources will notify me in writing of an authorized start date subsequent to completion of onboarding. Prospective employees who have begun working before being authorized to do so, in writing by the Office of Human Resources, may be subject to rejection of the offer of employment and/or termination.
- Academic Specialist employment is on an intermittent basis or for fixed periods of a short duration as on a semester-to-semester basis and may not exceed 15 hours per week.
- I am prohibited from holding two positions/titles on campus simultaneously. If I accept any employment in any other capacity at Kean University, I am responsible for notifying my department and the Office of Human Resources and must resign from my previous position.
- I understand that if I become eligible for enrollment in a NJ State administered Retirement Plan, I will be enrolled as mandated by the State of NJ Division of Pensions & Benefits.
- Academic Specialists are at-will employees. Receipt of authorization to begin employment does not constitute a contract for continued employment.

Prospective Employee's Signature: _____ Date: _____

KEAN UNIVERSITY
AUTHORIZATION TO HIRE FORM

REQUEST FOR ACADEMIC SPECIALIST *(To be completed by the department)*

Full Name of Proposed Candidate: _____

Department: _____ Fund: _____ Cost Center: _____ Object Code: 5111

Name of Supervisor: _____ Supervisor Email: _____

☐ **New Position** *(If this is a New Position, please attached a justification for your request, a detailed job Description, an Application for Employment and a current Resume)*

☐ **Rehire** *(If a rehire, please submit the job description.)*

☐ **Replacement** (*If a replacement: please attach a justification for your request, a detailed job description, an Application for Employment, a current Resume, and complete the below information*)

Previous Employee's Name: _____ Separation Date: _____

Hourly Assignment	Semester/Academic Year: _____ Requested Hourly Rate: $_____ Anticipated Start Date: _____ Anticipated End Date: _____	***For HR Use Only*** Status: ID #: ☐ New Hire ☐ Rehire ☐ Transfer/Status Chg. ☐ Transfer/Rehire Approved Hourly Rate: $_____ Approved Start Date:_____ Approved End Date:_____

APPROVALS *(the department is responsible for obtaining the first four approvals.)*

1. _____
Chair/C.C. Dir./Exec.Dir. Signature Date

_____
Print Name

2. _____
Dean *(if applicable)* Date

_____
Print name

3. _____
Budget Signature Date

_____
Print Name

4. _____
Division Senior Vice President Signature Date

_____
Print Name

5. _____
Human Resources Date

_____
Print Name

6. _____
Chief Financial Officer Date

_____
Print Name

The signature of the Chief Financial Officer is required for any requested rate of more than $30.00 per hour or any contractual agreement.