



# INTENT TO HIRE

## RECOMMENDED HIRE:

Position Interviewed for: _____	Recruitment Number: _____
Name of Person Recommended: _____	
Proposed Salary Rate: _____	Proposed Start Date: _____
Reason for Hiring: _____	
Name of Person Serving as Affirmative Action Advocate(OSU-paid staff only): _____	

*NOTE: Individuals recommended for hire must complete a background check in accordance to the Background Check Policy <https://hr.osu.edu/wp-content/uploads/policy415.pdf>.*

**WHO WAS INTERVIEWED:** Indicate the name of the candidates interviewed and, if known, his/her sex, ethnicity (White, Non-Hispanic; Black; Hispanic origin, any race; Asian/Pacific Islander; or American Indian, Eskimo or Aleut), veteran's status, and disability status. If more than five interviews were conducted, please attach additional sheets. The campus/college is committed to equal employment opportunities for all persons without regard to race, color, religion, sex, age, disability, or national origin. The employment patterns and practices of your department are to reflect that commitment. The information requested is necessary to ensure compliance with the affirmative action/equal opportunity program and is vital to protecting the campus/college's interest in responding to discriminatory practice charges filed against the institutions. The information requested will also be used to evaluate, in part, the campus/college's efforts to attract and hire qualified minority and women candidates for employment, and to address areas of employment where minorities and women are underutilized.

Name	Gender	Race/Ethnicity	Veteran?	Disabled?
1	<input type="checkbox"/> Male <input type="checkbox"/> Female			
2	<input type="checkbox"/> Male <input type="checkbox"/> Female			
3	<input type="checkbox"/> Male <input type="checkbox"/> Female			
4	<input type="checkbox"/> Male <input type="checkbox"/> Female			
5	<input type="checkbox"/> Male <input type="checkbox"/> Female			

☐ If filling a CWA position, interviews are required of the three most senior bargaining unit member internal applicants as required by current contract.

**Please attach the following items and send the complete packet to the Office of Human Resources:**

☐ All Applications ☐ Telephone Reference Checks

_____ Name/Title of Supv/Chairperson of Committee	_____ Signature	_____ Date	_____ Extension
_____ Name/Cabinet Member	_____ Signature	_____ Date	_____ Extension
_____ OSUN Dean/Director – (Required of all OSU & CS positions)	_____ Signature	_____ Date	_____ Extension

**WHEN THIS PACKET HAS BEEN RECEIVED AND REVIEWED, HUMAN RESOURCES WILL CONTACT YOU WITH APPROVAL TO MAKE THE OFFER OF EMPLOYMENT.**

<b>HUMAN RESOURCES</b>	
Reviewed/Approved by: _____	Date: _____
Actual Start Date: _____	Actual Salary Rate: _____