

Texas AgriLife Extension Service
County Programs Unit
Request to Hire Applicant
(Please attach Applicant Matrix)

(Mr., Ms., Mrs.) Current Position: _____

County: _____ Current Salary: _____

Position: _____ NOV Number: _____

Current Budgeted County Funds: _____

Recommended Salary Range: _____ to _____

Recommended Base Salary: _____

Base Plus Eligible: _____ Yes _____ No

Recommended Career Ladder Rank: _____ I _____ II _____ III _____ IV

(Applies to New Employees Only)

_____ to _____ = _____ Miles / Up to \$_____ for Moving Expenses.

Recommended by: _____
(District Extension Administrator/Program Coordinator) Date

(County Extension Director) Date

Appropriate RPD supports this recommendation: _____ Yes _____ No

(All requests will require the joint signatures of District Administrator and County Director, when appropriate.)

Criminal History Information Check Completed: _____
(Applies to New Employees Only)

Approved Salary Associate Director Date

Date

Salary Exception: _____
Executive Associate Director Date

Associate Vice Chancellor/ Director Date

District Administrator/County Director/
Program Coordinator Notified and Copy Sent: _____