



WESTERN
ILLINOIS
UNIVERSITY

Advertising Contingency Approval Form for Academic/Administrative Positions

Office of Equal Opportunity &
Access
Western Illinois University
1 University Circle
Macomb, IL 61455
Phone: 309/298-1977
Fax: 309/298-2089

ONE FORM MUST BE PREPARED FOR EACH POSITION TO BE ADVERTISED. When contingency advertising has been approved, a copy of this form will be returned to the **originating department**, the **Dean or Director**, and the **Office of Equal Opportunity & Access**. If the position is not approved for advertising, the dean/director will be notified. **Contingency approval to advertise does not carry authorization to interview.** The interview process is not to begin until all signatures on the *Request to Fill/Refill* form have been secured and the funding source has been verified by the Budget Office.

Please print or type information.

Fiscal Year: _____

Title/Rank: _____

Department/Office Name: _____

Budget Department Number: _____

Proposed Start Date: _____

Proposed End Date: _____

Number of Months: _____

How many months position is this on a FY basis: _____

% Appointment: _____

Anticipated Full-Time Equivalent (FTE) Monthly Salary: _____

This Position Will Be: Rehire _____ New _____

Replacement (Enter terminating employees name): _____

Permanent _____ Temporary _____

Full-Time _____ Part-time (%) _____

Submitted by:
(Signature Required): _____ Date: _____

Approved by:
(Signature of Dean/Director Required): _____ Date: _____

Advertising Contingency Approval

Approved _____ Not Approved _____

Vice President
Signature Required _____ Date: _____

The job description and the plan for distributing the position must be submitted with this form.
Please submit this completed form with signatures to the Office of Equal Opportunity & Access in Sherman Hall 203. If further assistance is needed, please contact the Office of Equal Opportunity & Access at 309/298-1977.