# FNP/EFNEP Request to Hire

**This form is to be submitted to the appropriate District Director with the complete hiring packet, once an applicant is selected for hire.**

Once all signatures are complete, please return to the State Office at **PO Box 110310, 3028 McCarty Hall D, Gainesville, FL 32611**.

County _____ County Faculty's Name _____

Program (circle one) FNP EFNEP Position Type (circle one) OPS TEAMS

FTE _____ Salary $_____/hour Proposed Starting Date: _____

Signature of County Faculty is agreement to the following:

1. I understand that an actual starting date will be two weeks from the date the complete hiring packet is received at the state office.

Signature of County Extension Director is agreement to the following:

1. I approve this applicant for hire at UF at the stated salary.

Signature of District Extension Director is agreement to the following:

1. I approve this applicant for hire at UF at the stated salary.

_____ _____
County Faculty Date

_____ _____
County Extension Director Date

_____ _____
District Extension Director Date