

**University of Wisconsin-Superior
Authorization to Interview:
FACULTY AND ACADEMIC STAFF**

Complete after all applications have been reviewed but prior to calling any candidates for interviews. A signed copy will be returned to the chair at which time interview arrangements may be made.

Attach:

1. Copy of screening & evaluation criteria used to screen & interview candidates.
2. *Roster of Applicants (Form E)*
3. *Applicant Interview Expense Authorization (Form F)*
4. The complete search file for each candidate recommended for interview.

SEARCH NO: _____

POSITION TITLE OR RANK: _____

DEPARTMENT: _____

CANDIDATES RECOMMENDED FOR INTERVIEW:

REQUESTED BY: _____ **Date:** _____

APPROVALS:

Department Chair/Director: _____ **Date:** _____

Provost: _____ **Date:** _____

Affirmative Action Officer: _____ **Date:** _____

Original: Affirmative Action Officer
cc: Requester
Human Resources