

COLLEGE OF CREATIVE ARTS

POSITION SEARCH

POLICY AND PROCEDURES

CCA EBO



Revised: October 2015

COLLEGE OF CREATIVE ARTS EBO POSITION SEARCH POLICY

All position searches must be approved through the CCA Dean's Office. In the event that the Dean's Office is providing funds in support of the search, a dollar amount will be allotted to the Search Committee. This amount will be conveyed to the EBO and the Search Committee through the attached "EBO Position Search Funding Approval Form."

EBO POSITION SEARCH FUNDING APPROVAL FORM

Search Information:

(To be completed by the Search Committee Chair)

Search Position Title: _____

School: _____

Target Date for Position to be Start: _____

Chair of Search Committee: _____

Search Committee Members: _____



Funding Support Information:

(To be completed by the Dean's Office)

Amount Approved for Search: \$ _____

Dean's Approval: _____
Signature Date



Funding Source Information:

(To be completed by the EBO)

Foundation Account : _____

State Account: _____

EBO POSITION SEARCH PROCEDURES

FUNDING:

Complete the “Search Information” portion of the EBO Position Search Funding Approval Form and submit to the CCA Dean’s Office. The Dean will assign a dollar figure for the search and will forward it to the EBO where the Funding Source will be assigned. A scanned copy will then be sent to the Director of the School, Search Committee Chair and the members of the Search Committee.

Note that any charges exceeding the allotted amount will be charged back to the search committee’s School.

ADVERTISING:

We are required to place at least one advertisement with Inside Higher Ed (InsideHigherEd.com). West Virginia University holds a contract with Inside Higher Ed and there is no cost to our college or schools for this service. This source meets the requirements necessary for VISA processes in the event that the selected candidate is a foreign national. Make sure that you obtain a copy of the ad for your search files.

You cannot deviate from the original approved advertisement.

You must document on-line ads (screen prints are acceptable) on the first and last days they appear unless you have written documentation as to the dates the ad will be running. This procedure must be followed for ads placed on our college and school web pages as well. Any other advertising that is done, mailings, emails, personal contacts, etc., should be clearly documented. A printed copy of the advertisement used along with a copy of the mailing/email distribution lists, and a list of any

personal contacts, including dates, that were made by the committee or other faculty members.

TRANSPORTATION:

AIRLINE - The preferred contact is National Travel – (304) 598-0160. It is advisable that even if you want your Interviewee to make their own reservation, they should do so through National Travel. If they use any other source they must pay for the ticket in advance and be reimbursed.

- **You can contact a National Travel agent and let them know that an interviewee(s) (give names) will be contacting them to make travel arrangements for their interview. Let National Travel know who they should contact for approval and credit card information. Make sure the contact knows what is going on. You should also inform National Travel that we do not approve the more expensive non-stop flights, first-class, etc. These should be reasonable charges.**
- If you have been assigned state funds, you can place the airline ticket charges on your state PCard. Complete the Procurement Form (Attachment 1) and sign and attach your documentation (ticket itinerary). Please be sure to include the Interviewees name, the position search name (i.e. Saxophone Search) and the dates of the travel. Submit the paperwork to the EBO as soon as the charge has been made.
- If you have been assigned Foundation Funds, your tickets can be purchased with a Foundation PCard. Your school Director has a Foundation PCard to make these charges for you. When using a Foundation PCard it will be necessary to complete a WVU Foundation Purchasing Card Substantiation Form (Attachment 2) and attach signed documentation just as you would with your State PCard and then submit to the EBO.

RENTAL CAR – Interviewees will need to rent their own vehicles and submit receipts to the EBO for reimbursement.

MILEAGE – Interviewees will need to submit mileage amounts to the EBO for reimbursement.

Reimbursements will require that vendor registration forms be completed, travel reimbursement forms be signed and receipts be

submitted. If your Interviewee will require a reimbursement of any type, please make sure that you plan time to have them meet with the EBO staff before they leave.

LODGING:

Attached is a list of Hotels in the Morgantown area (Attachment 3) and the rates that they offer WVU. When making reservations be sure that you ask for the WVU rate and request a direct bill to the College. Please complete and submit the appropriate PCard form (State or Foundation) with any signed documentation you have. Remember to include the Interviewees name, the position search name (i.e. Saxophone Search) and the dates of their hotel stay so that the EBO can identify the charges when they are received.

MEALS

Interview meals will be covered for the Interviewee, Director of the School and the Search Committee members only. Please use one of the following options when hosting a meal for an interview:

- If assigned state funds, please use your state PCard. **NO ALCOHOL**
- If using Foundation funds and your school director is in attendance they will have a Foundation PCard. Alcoholic beverages are allowed on a Foundation PCard.
- If there is not an available PCard holder on your search committee, your best option will be to find a restaurant that will direct bill the college. Please have your school Administrative Associate contact the restaurant in advance to determine if this option is available. Again, if using state funds, no alcohol.
- You can pay from your personal funds and request reimbursement.

Regardless of which option you choose, you need to:

- 1. Make sure that you are provided with a “detailed” receipt for your meals. A receipt showing only the total is not adequate.**
- 2. Complete the WVU Hospitality/Event Form (Attachment 4) for State funds or the WVU Foundation Entertainment Substantiation Form (Attachment 5A when using a Foundation PCard, Attachment 5B for Direct Bills). Be sure to list the names of those in attendance, the name of the applicant, and the Position Search Committee name.**

- 3. Identify to the Host/Hostess that you are tax exempt. (Tax Exempt Certificate - Attachment 6 for the State and Attachment 7 for the Foundation).**
- 4. In the event that you will be having alcoholic beverages during the meal and using a state PCard, request that the restaurant bill them separately from the meal invoice. ALCOHOLIC BEVERAGES CAN NEVER BE PLACED ON A STATE PCARD.**
- 5. Submit all signed and dated itemized receipts with the appropriate PCard Form.**

IMPORTANT

When you have determined your final list of candidates (those being invited to WVU/CCA for interviews), please submit the following form to the EBO so that we can identify any associated charges to the correct search.

FACULTY POSITION SEARCH

FINAL LIST OF INTERVIEW CANDIDATES

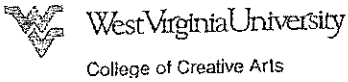
(Submit to the CCA EBO)

Search Name: _____

Date: _____

Candidate Name

Date of Visit



PROCUREMENT FORM

| Cardholder Information | Vendor Information |
|------------------------------|--------------------|
| Cardholder Name: | Vendor: |
| Transaction Date: | Telephone: |
| Procard [x] Fleet Card [] | Web: |
| Check [] Req # | Email: |

| Description | Qty | Price | Amount |
|-----------------------------------|-----|------------------|--------|
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| Justification of Purchase: | | Sub Total | |
| | | Shipping | |
| | | Total | |

| Funding Information | | | | | |
|---------------------|------|-----------|----------|-------|--|
| DA | Fund | Line Item | Function | Other | |
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I certify that as the cardholder making this purchase, I have been informed of the policies and procedures and accept sole responsibility for use of the WVU procard.

| | |
|-------------------------------|--------------|
| Cardholder Signature: | Date: |
| Chairperson Signature: | Date: |

All receipts and/or packing slips for items purchased or returned for credit will be returned to the CCA Business Office with 48 hours of giving the vendor your pcard number.



PURCHASING CARD SUBSTANTIATION FORM

- * Original receipt must be attached
- * \$2,500 transaction limit
- * Purchase should be tax exempt; provide WVUF Tax ID# if necessary (FEIN 55-6017181)
- * This form and receipts must be sent to Card Coordinator within 48 hours of the purchase

Order/Vendor Information

| | |
|--|----------------------------------|
| Cardholder _____ | Cardholder Phone No _____ |
| Amount _____ | Transaction Date _____ |
| Vendor _____ | |
| Purpose _____ | |
| | |
| Hospitality Justification (include individuals in attendance & their relationship to WVU) | |
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Fund Distribution

| Fund No | Fund Name | Amount | Notes |
|---------|-----------|--------|-------|
| | | | |
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Cardholder Signature

Date

Approver Signature

Date

Hotels in Morgantown

ALL LODGING FACILITIES REQUIRE A COPY OF WVU'S TAX EXEMPT CERTIFICATE – copy included in packet

Hotel Morgan, 127 High Street, 304 292-8200

\$69.00/night

Marriot: Residence Inn, 1046 Willow Dale Rd, 304 599-0237

\$107.00/night

Waterfront Hotel, Two Waterfront Place, 304 296-1700

\$119.00/night

Euro-Suites Hotel, 501 Chestnut Ridge Rd., 304 598-1000

\$97.00/night

Hampton Inn, 1053 Van Voorhis Rd., 304 599-1200

\$109.00/night

Quality Inn, 1400 Saratoga Ave., 304 599-1680

\$69.00/night (double) \$59.00/night (single)

WVU FOUNDATION PURCHASING CARD SUBSTANTIATION FORM

The itemized receipt for the purchase and this form, must be submitted to the Card Coordinator within 48 hours of the purchase.

Cardholder Name _____ Date of Purchase _____

Vendor Name _____ Purchase Amount _____

Business Purpose

Hospitality /Entertainment Justification

Number of Individuals in Attendance If number of individuals is greater than 10, a general description of the attendees by category, such as faculty, staff, students or donors is acceptable. This information can be listed anywhere below.

Names of Individuals Entertained:

Relationship to WVU

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Distribution

| Fund No. | Fund Name | GL Account Code | Amount |
|----------|-----------|-----------------|--------|
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Cardholder _____

Approver Signature _____

I certify that this expense is in accordance with the WVU Foundation Cash Disbursement Policy and Purchasing Card Program Policies and Procedures.



Disbursement Services
One Waterfront Place 7th Floor
PO Box 1650
Morgantown, WV 26507-1650
(304) 284-4000

Submission Date

Entertainment Expense Substantiation Form

Print Form

Form Instructions: Please complete each item below and attach the original invoice or receipt. The receipt may be taped to the reverse side of this form. A separate form should be completed in support of each occasion of University-related entertainment. Also, this form must be submitted along with a Request for Payment or Travel Form, whichever is appropriate.

Payee Name: _____ Amount: _____

Date & Location of Entertainment: _____

University Related Purpose: _____

Number of Individuals in Attendance: _____

If number of individuals is greater than 10, a general description of the attendees by category, such as faculty, staff, students, or donors, is acceptable. This information can be listed anywhere below.

Listing of Individuals Entertained:

Names

Relationship to WVU

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1. Check if you are attaching the Multi-state Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption. WV
- 2. Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____

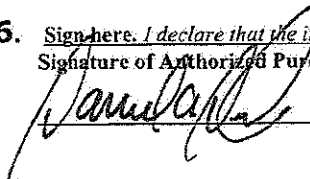
3. **Please print**

| | | | |
|---|--|--|--------------------------|
| Name of purchaser WEST VIRGINIA UNIVERSITY | | | |
| Business Address P.O. BOX 6005 | City MORGANTOWN | State WV | Zip Code 26506 |
| Purchaser's Tax ID Number 2211-0375 | State of Issue WEST VIRGINIA | Country of Issue USA | |
| If no Tax ID Number Enter one of the following: | FEIN | Driver's License Number/State Issued ID Number | Foreign diplomat number |
| | State of Issue: _____ | Number _____ | |
| Name of seller from whom you are purchasing, leasing or renting _____ | | | |
| Seller's address | City | State | Zip code |

4. Type of business. Circle the number that describes your business
- | | |
|---|---------------------------------------|
| 01 Accommodation and food services | 11 Transportation and warehousing |
| 02 Agricultural, forestry, fishing, hunting | 12 Utilities |
| 03 Construction | 13 Wholesale trade |
| 04 Finance and insurance | 14 Business services |
| 05 Information, publishing and communications | 15 Professional services |
| 06 Manufacturing | 16 Education and health-care services |
| 07 Mining | 17 Nonprofit organization |
| 08 Real estate | 18 Government |
| 09 Rental and leasing | 19 Not a business |
| 10 Retail trade | 20 Other (explain) _____ |

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.
- | | |
|--|--|
| A Federal government (department) _____ | H Agricultural production # _____ |
| B State or local government (name) <u>WEST VIRGINIA</u> | I Industrial production/manufacturing # _____ |
| C Tribal government (name) _____ | J Direct pay permit # _____ |
| D Foreign diplomat # _____ | K Direct mail # _____ |
| E Charitable organization # _____ | L Other (explain) _____ |
| F Religious or educational organization # _____ | |
| G Resale # _____ | |

6. Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

| | | | |
|---|------------------|---------------------|----------|
| Signature of Authorized Purchaser | Print Name Here | Title | Date |
|  | Daniel A. Durbin | Sr. AVP for Finance | 1/1/2015 |

Streamlined Sales and Use Tax Agreement Certificate of Exemption

Warning to purchaser:

This is a multistate form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that is due tax on this sale. The state that is due tax on this sale will be notified that you claimed exemption from sales tax. You will be held liable for any tax and interest, as well as civil and criminal penalties imposed by the member state, if you are not eligible to claim this exemption. Sellers may not accept a certificate of exemption for an entity-based exemption on a sale at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

| | |
|---|---|
| W | V |
|---|---|

Enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

Check if you are attaching the Multistate Supplemental form.

Check one:

Single purchase certificate. Relates to invoice/purchase order # _____.

Blanket certificate. If checked, this certificate continues in force until canceled by the purchaser.

Print or type

| | | | |
|---|---------------------------|--|--------------------------|
| Name of purchaser West Virginia University Foundation INC | | | |
| Business address One Waterfront Place, 7th Floor | City Morgantown | State WV | Zip code 26507 |
| Purchaser's tax ID number | State of issue | Country of issue | |
| If no tax ID number, enter one of the following: | FEIN 55-6017181 | Driver's license number/State issued ID number state of issue number | Foreign diplomat number |
| Name of seller from whom you are purchasing, leasing or renting | | | |
| Seller's address | City | State | Zip code |

Type of business. Check the number that describes your business.

Type of business

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input checked="" type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (explain) _____ |

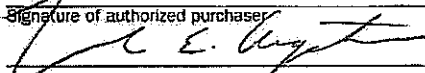
Reason for exemption. Check the letter that identifies the reason for the exemption.

Reason for exemption

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State or local government (name) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Multiple points of use (services, digital goods, or computer software delivered electronically) |
| <input checked="" type="checkbox"/> E Charitable organization # 501 (c) (3) _____ | <input type="checkbox"/> L Direct mail # _____ |
| <input type="checkbox"/> F Religious or educational organization # _____ | <input type="checkbox"/> M Other (explain) _____ |
| <input type="checkbox"/> G Resale # _____ | |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Sign here

| | | | |
|--|--|--------------------------------|------------------------|
| Signature of authorized purchaser  | Print name here Michael E. Augustine | Title VP Finance/CFO | Date 4/12/12 |
|--|--|--------------------------------|------------------------|