

PERSONNEL DEPARTMENT

Campus ID NUMBER: _____ Full Time___ Part Time___ Temporary___

NAME (Last Name, First Name, Middle Initial) _____

HOME ADDRESS (Street, City, State, Zip Code) _____ TELEPHONE _____

CAMPUS ADDRESS (Building Name, Room Number) _____

DATE OF BIRTH: _____
CAMPUS TELEPHONE: _____

TO BE COMPLETED BY DEAN OF DEPT OR VP OF DEPT BEFORE EMPLOYEE IS APPROVED FOR WORK

Job Offer From: _____ Through: _____

Signed _____ Date _____

PROPOSED STATUS

TITLE OR CLASSIFICATION _____ CLASSIFICATION:
Administrative___ Classified___ Faculty___ Professional___

DEPARTMENT NAME	Budget# (ex. 3-21045)	Department No. (ex. E0501)	Object Code (ex. 2410)	Hourly	Salary Monthly	Annual

NEW POSITION?__ YES__ NO REPLACEMENT? __ YES, FOR (NAME) _____ __ NO

Pay Grade: _____ Pay Step: _____ Number of Months Employment: __9 __10 __11 __12

Work Week: __ 37.5 __ 40 __ Other __ Specify _____

From: _____ Through: _____

IT IS HEREBY CERTIFIED THAT THE STATUS OF THE AFORESAID INDIVIDUAL IS AS FOLLOWS:

EXEMPT WAGE & HOUR __Yes __No PERCENT OF FULL TIME: _____ %

EDUCATIONAL LEVEL & LOCATION (Specify Degrees Held And University Name)

EXPERIENCE: TEACHING__ Years RELATED SERVICE _____ Years

PRIOR SERVICE: _____ TITLE _____ APPROX.

DEPARTMENT _____

DATES _____

TO BE COMPLETED BY PAYROLL DEPARTMENT:

IF NEW APPOINTMENT "UNTIL FURTHER NOTICE," DO YOU PRESUME THIS PERSON WILL WORK AT LEAST 75% F.T.E. FOR AT LEAST 6 MONTHS (9 MONTHS FOR ACADEMIC PERSONNEL) __ YES __ NO

ELIGIBLE FOR BENEFITS: __ YES __ NO Job Code _____ Earn Code _____ Bracket _____ Calendar _____

RECOMMENDED:

HEAD OF DEPARTMENT _____ DATE _____

INSTRUCTIONAL DEAN (if applicable) _____ DATE _____

VICE PRESIDENT _____ DATE _____

PRESIDENT _____ DATE _____

APPROVED AFFIRMATIVE ACTION _____ DATE _____