Initiated By _____Date _____
Department Head _____Date _____
Grants _____ Date _____
Associate Dean _____Date _____
Business Manager _____ Date _____
Dean _____ Date _____

PERSONNEL REQUEST FORM

HIRING

Name: _____ **SSN:** _____

Beginning Date: _____ **Ending Date:** _____ **Number of Hours / Week:** _____

Hours in Appointment: _____ **Hourly Rate:** _____ **Expected Earnings for Appointment:** _____

Supervisor Name: _____

CHECK Applicable: **Student Assistant**_____ **New** _____
Temporary _____ **Rehire**_____

JOB DESCRIPTION / TITLE / JUSTIFICATION

_____

_____

DEPARTMENT _____ **DATE OF REQUEST** _____

TERMINATION

Effective Date: _____

Reason for Termination: _____

CHANGES

Hourly Rate (From) _____ **To**_____

Hours (From) _____ **To**_____

ACCOUNTING INFORMATION (Must be completed before paperwork can be processed).

DEPT 17550 **FUND** _____ **CLASS**_____

Revised 3-2010