

Prefix	Employee Last Name	Employee First Name	MI	Employee ID	Search #
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Please check the appropriate action below:

- New Employee**, including a returning employee separated for a year or more ([new employee forms](#) required)  
 **Promotion/Reclassification** following HR approval  
 **Internal Hire** from a search

PP	Retro	Date	Trans	Info	APV
COPIES: <input type="checkbox"/> PR <input type="checkbox"/> BEN <input type="checkbox"/> TIME <input type="checkbox"/> OPS <input type="checkbox"/> LTR <input type="checkbox"/> BUDGET					

**Please submit this form to the Human Resources Office at least two weeks prior to the start of the appointment. Please complete all applicable fields. Incomplete forms will be returned.**

Shaded area for HR use only

<input type="checkbox"/> Professional <input type="checkbox"/> Classified	Concurrent Employment with another State Agency <input type="checkbox"/> No <input type="checkbox"/> Yes	For existing employees, will the bargaining unit change? <input type="checkbox"/> No <input type="checkbox"/> Yes, current BU: _____ New BU: _____	Visa/Status (if applicable)
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APPOINTMENT INFORMATION							
Line	<input type="checkbox"/> PSR <input type="checkbox"/> TS	Funding Account	Check Drop	Department			
Supervisor Name		Appointment Contact (if not supervisor)			Contact Phone Number		
Employee's Budget Title				Employee's Campus Title (if applicable)			
Employee's Campus Address				Work Location		Campus Phone Number	
PT % (FTE)	Rank/Grade	Salary \$	<input type="checkbox"/> Annual Full-time <input type="checkbox"/> Annual Part-time	<input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly	Annual Obligation (faculty/professional staff): <input type="checkbox"/> 12-month <input type="checkbox"/> Academic Year <input type="checkbox"/> Summer <input type="checkbox"/> Winter		
START DATE:		<input type="checkbox"/> TEMP End Date:	<input type="checkbox"/> TERM (faculty/professional) <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs (faculty) <input type="checkbox"/> 3 yrs (faculty) Duration: <input type="checkbox"/> Other end date:				

SCHEDULE (non-faculty)							
<input type="checkbox"/> Full-time Professional							
<input type="checkbox"/> Full-time Classified: Shift start time: <input type="checkbox"/> AM <input type="checkbox"/> PM Shift end time: <input type="checkbox"/> AM <input type="checkbox"/> PM Pass Days: S M T W T F S							
<input type="checkbox"/> Part-time Fixed							
Hours: (e.g. 9am - 5pm)	SUN	MON	TUE	WED	THR	FRI	SAT
<input type="checkbox"/> Part-time Sporadic: min hours/week: _____ max hours/week: _____ OR average hours/week: _____							

PART-TIME ACADEMIC EMPLOYEES							
Number of courses	Last:	Fall:	Spring:	Per Course Rate:	For additional non-teaching duties, please provide details in remarks.		

REMARKS									
							Waiver	<input type="checkbox"/> Yes	<input type="checkbox"/> No
							LTR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
							Initial PG	<input type="checkbox"/> Yes	<input type="checkbox"/> No
							APPX:		
							PT LV Rate:		

FTE	Salary/Rate	Pay Basis	Appt Code	BU	JurisClass	Perm/Ctng Date	TND Date
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APPROVALS	Name	Signature	Date
<b>1. Supervisor/Dept Head:</b>			
<b>2. Dean/Asst/Assoc VP:</b>			
<b>3. VP/President:</b>			
<b>4. Human Resources:</b>		<b>Log #:</b>	<b>5. Budget:</b>