

Personnel Staff Request

Name of Supervisor/Requestor: _____

Name of New Hire: _____ PSID: _____

Funding/Cost Center: _____
Ex: 2072-H0508-B0001-G000000 or ST - 12345

Proposed Start Date: _____ End Date: _____ Hours/Week: _____

Monthly/Biweekly _____ Proposed Pay Rate : _____

Proposed Room/Office #: _____

For All Positions:

Currently Employed On Campus: Yes No Dept/College: _____

Employment Type: Full Time Part Time
(Check all that apply) Permanent Temporary

GTF Eligible: Yes No Job Title: _____

Financial Conflict of Interest: Yes No Gift Card/Cash Handling: Yes No

For Student Positions:

Enrolled Not Enrolled Semester: _____

Requestor: By signing this form you acknowledge the information concerning the employment of the above named individual is accurate. Upon assignment end or termination, you agree to notify the appropriate office immediately so proper action can be taken.

Signature of Requestor

Date

After completion and submittal of this form, please send the prospective employee to the appropriate office for processing. All employees must provide documentation to establish identity and employment eligibility.

Business Office Use Only	
Position #:	Job Code #:
Remarks after processing:	

Please make sure to include all information to avoid delay in processing