

Effective Date: _____

Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Social Security Number
Home Address & Phone #	Date of Birth

Title & Assignment		
Budget Title Campus Title Department Campus Address (Building, Room, Phone #)	Budget Title Code Campus Title Code Department Code Proposed Line	Appointment Status <input type="checkbox"/> Initial <input type="checkbox"/> Change in Status* <input type="checkbox"/> End of Appointment* • Explain in _____

Appointment Data	
Recommended Compensation _____ <input type="checkbox"/>	Part Time <input type="checkbox"/> Full Time

Professional Obligation: <input type="checkbox"/> Academic Yr. <input type="checkbox"/> Calendar Yr. <input type="checkbox"/> College Yr. <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify) _____	Appointment Condition: <input type="checkbox"/> Administrative <input type="checkbox"/> Continuing <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary <input type="checkbox"/> Term
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Appointment Type: <input type="checkbox"/> Academic <input type="checkbox"/> Classified <input type="checkbox"/> Grad. Assistant <input type="checkbox"/> Management <input type="checkbox"/> Professional	Reappointment Notice Date _____ Term Expiration Date _____	Cont./Perm. Appoint. Date _____ Term Duration _____
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Supervisor's Name: _____ & Line # _____ Prior Yrs. Service Credit? _____

Recommended By _____ Date _____

Approved By _____ Date _____

COMMENTS

Budget/Payroll/Human Resources Use

Civil Service: List # & Title _____ PLEP Clearance _____
 Score _____ Date _____ / ____ / ____

Budget	Budget	Salary	Line # _____		
Department	Title	Grade	Effective Pay Period # _____		
Funding Source: <input type="checkbox"/> SIR <input type="checkbox"/> IFR <input type="checkbox"/> DIFR <input type="checkbox"/> Other	Pay Basis Code: <input type="checkbox"/> Annual <input type="checkbox"/> BiW @ _____ <input type="checkbox"/> 21 <input type="checkbox"/> Extra Service <input type="checkbox"/> Cal <input type="checkbox"/> Fee <input type="checkbox"/> CYP <input type="checkbox"/> Other		FTE _____		
Budget Approval _____ Date _____			SALARY Base \$ _____		
INITIAL & HRM	BUDGE	PAYROL	HUMAN	OTHE	ADDTL Comp \$ _____
Authorize					\$ _____
Classify					TOTAL \$ _____
PDME					OTHE \$ _____
Payroll					BUDGET SALARY
Deductions					Annual \$ _____
					Semeste \$ _____

President's Approval _____ Date _____