

# CNR STUDENT/TEMPORARY STAFF EMPLOYMENT FORM

Please select one of the following:

- NEW HIRE** (has never previously worked for UI)
- ADDITIONAL APPOINTMENT**
- REAPPOINTMENT - DATE LAST TERMED:** \_\_\_\_\_
- PAY RATE CHANGE**

## Employee Information

Name: _____	V#: _____
Address: _____	Phone: _____
_____	Email: _____

## Department Information

Department: _____	Supervisor: _____
-------------------	-------------------

## Appointment Details

Position Type: <input type="checkbox"/> Student Temp <input type="checkbox"/> Non-Student Temp <input type="checkbox"/> Other: _____	Position Title: _____  Position Pay Rate: _____	Description of Duties <i>(may attach additional page if needed)</i> : _____ _____ _____ Work Location: _____
---	---	--

Start Date: _____ Term Date: _____ <small>*Please line up with Pay Period Schedule*</small>	Budget Index(es): <input type="checkbox"/> Check here if planning to have multiple timesheets _____ _____	Max Hours Per Week: _____ _____
---	--	---------------------------------------

## Regulatory Information / Work Authorization

\*For reappointments and pay raises, please indicated "On File".

CBC Completion Date: \_\_\_\_\_

Work Authorization Card Date: \_\_\_\_\_

**ALL temporary employees MUST present a valid Work Authorization Card to their supervisor/department BEFORE performing any work.**

Employee Signature *\*Not needed if a pay raise or reappointment* \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor *\*Always required and must be board appointed employee* \_\_\_\_\_ Date \_\_\_\_\_